REPORT

OF

THE COMMISSIONERS

APPOINTED TO INQUIRE INTO THE

HOSPITALS OF DUBLIN.

WITH APPENDICES.

Presented to both Houses of Parliament by Command of Her Majesty.

DUBLIN:
PRINTED BY ALEX. THOM AND SONS, 87, ABBEY-STREET,
FOR HER MAJESTY'S STATIONERY OFFICE.

1856.

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COMMISSION.

BY THE LORD LIEUTENANT-GENERAL AND GENERAL GOVERNOR OF IRELAND.

CARLISLE.

To JAMES, BARON TALBOT DE MALAHIDE; JOHN FLINT SOUTH, Esquire, Surgeon to St. Thomas's Hospital, and one of the Council and Court of Examiners of the Royal College of Surgeons of England; and WILLIAM HENRY STEPHENSON, Esquire.

These are to require and authorize you, or any two of you, to make inquiry into the conditions and regulations of Medical Institutions in the City of Dublin, with reference to grants of pecuniary assistance from the public funds, in aid of their support, and, to Report to Us your views and recommendations with respect thereto; and We are hereby pleased to appoint DENIS PHELAN, Esquire, Member of the Royal College of Surgeons, London, to be your Secretary.

Given at Her Majesty's Castle of Dublin, this Ninth day of May, 1855.

By His Excellency's Command,

(Signed) THOMAS A. LARCOM.

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LETTER FROM THE UNDER SECRETARY TO THE LORD LIEUTENANT TO THE SECRETARY TO THE COMMISSIONERS.

DUBLIN CASTLE,

9th May, 1855.

SIR,

I am directed by the Lord Lieutenant to transmit herewith a Warrant appointing Lord Talbot de Malahide, John F. South, and William H. Stephenson, Esquires, to be Commissioners for inquiring into the conditions and regulations of Medical Institutions in the City of Dublin, and also appointing you to be Secretary to the Commission.

I am, at the same time, desired to transmit a copy of a Report on this subject by a Committee of the House of Commons, which sat in 1854, and also copies of certain memorials and communications subsequently addressed to his Excellency the Earl of St. Germans.

The Commissioners will perceive that various institutions have, at different times, received such grants, as well on the ground of medical charity as of clinical instruction.

His Excellency is desirous of receiving full information as to the future arrangements which the Commissioners will recommend in reference to public grants to those institutions which, in their opinion, should receive such aid, specifying the amount of grant in each case, and the conditions, if any, on which it should be made, with the reasons for their recommendations.

I am, &c.,

(Signed) THOMAS A. LARCOM.

DENIS PHELAN, Esq.,

&c., &c., &c.

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DUBLIN HOSPITALS' COMMISSION.

REPORT.

TO HIS EXCELLENCY THE EARL OF CARLISLE, K.G., &c.,

LORD LIEUTENANT-GENERAL AND GENERAL GOVERNOR OF IRELAND.

We, the Commissioners appointed by your Excellency's Warrant of the 9th May last, to inquire into the Hospitals of Dublin, have agreed to the following Report, which we have the honour to submit to your Excellency.

Your Excellency's Warrant directs us to "make inquiry into the conditions and regulations of Medical Institutions in the city of Dublin, with reference to grants of pecuniary assistance from the public funds, in aid of their support;" and the Under-Secretary's letter of the same date states that your Excellency "is desirous of receiving full information as to the future arrangements which the Commissioners would recommend in reference to the public grants to those Institutions which, in their opinion, should receive such aid."

In obedience to these instructions, we have instituted the fullest inquiry in our power into all the matters which concern the conduct of these Hospitals, the amount of the present funds of each Institution, and the various sources from which they are derived; and being anxious to ascertain, as accurately as we could, the entire extent of Hospital accommodation now existing in Dublin, and the manner in which that accommodation is provided, we visited all the Hospitals of the city, minutely inspecting them in every part.

We give, in an Appendix, tabular statements, showing the funds, and extent of accommodation available at each Hospital. Appendix, No. 1.

Having before us the very full evidence which is contained in the Report of the Commissioners of 1842, and in the Report of the Select Committee of the House of Commons in 1854, on Dublin Hospitals, we have chiefly confined ourselves to those points to which we understand our attention to have been more especially called, namely:

1. Whether any of the institutions can be advantageously consolidated.
2. The best mode of distributing the grant of £16,000 recommended by the Committee of the House of Commons, with reference more particularly to the advancement of medical science.

In forming the conclusions at which we have arrived, we have carefully kept in view the recommendation of the Select Committee of the House of Commons, "that all Hospitals which receive assistance from the State ought to afford medical instruction"—an opinion which we adopt in its most extended sense. And in the course of our inquiries we have accordingly endeavoured to ascertain the full capacity of each Institution for this object, and whether its government and management are such as would be likely to increase its funds, and to disburse them with a judicious economy.

We were anxious to consider the question of consolidation, in the first place, because it was obvious that on the result of that would mainly depend the manner in which the future grant should be distributed; and we annex a paper on this subject, drawn up by Mr. South, one of the members of the Commission. Appendix, No. 2.

This paper proposes a plan for consolidating the several medical establishments on the south side of Dublin, and we are of opinion that it is worthy of serious consideration.

If the concurrence of the several parties concerned could be secured for some such plan, it would be the means of providing the sick poor of Dublin with more certain Hospital accommodation, and of greatly increasing the opportunities for the improvement of medical instruction.

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But we are aware that serious difficulties oppose themselves to its adoption at the present moment, and consider the existing arrangement to be the only one at present practicable.

Under existing circumstances, three modes of dealing with this question present themselves to our view:—

1. By amalgamating two or more of the existing institutions.
2. By closing the Hardwicke Fever Hospital, and distributing its patients amongst the Cork-street Fever Hospital and the General Hospitals. And,
3. By closing the Lock Hospital, and attaching to the General Hospitals separate and distinct wards for the reception and treatment of female venereal cases.

To each of these plans we have given the most anxious consideration, and have called to our assistance those parties in Dublin whom we considered most capable of affording information in these matters, and we have arrived at the conclusion that to recommend any of the proposed changes would not be advisable. With respect to the Fever Hospitals, though, under existing circumstances, there would be no difficulty in transferring the fever cases now treated in the Hardwicke Hospital to the Cork-street Hospital and the other Medical Institutions, it has been strongly urged upon us that the Hardwicke Fever Hospital is a most valuable school for the study of fever—a disease most important to be understood, especially by Irish practitioners; and that when fever becomes epidemic, as is frequently the case in Dublin, it is absolutely necessary that an Hospital for the reception of the early cases, and capable of ready expansion, should exist at each side of the River Liffey. In London, where the feeling among the medical profession is generally against special fever wards, the spacious nature of the Hospitals allows a much larger amount of room to each bed than the more limited extent of the Dublin General Hospitals would admit of; but even there it is considered necessary to have a special Hospital for Small-pox cases, and there is, moreover, an extensive Fever Hospital in London.

With respect to the Lock Hospital, strong representations have been made to us as to the injury that would accrue to the public by the distribution of its patients in the other Hospitals, and the evils which have attended the admission of female venereal patients into the South Dublin Workhouse have been advanced in proof of this. We have inspected this great poorhouse, and could not avoid coming to the conclusion that, if the statements be true of the abuses alleged to exist there, with reference to this class of its inmates, they were mainly owing to the absence of proper classification and discipline in that establishment. We are convinced that it is quite practicable to have wards in General Hospitals, confined, as in London, to this class of patients, without producing any inconvenience, if the governing bodies and the medical officers cordially unite in carrying out the proper arrangements.

The alterations and additions, however, which it would be necessary to make in the existing General Hospitals, in order to fit them for the reception of female venereal patients in separate wards, in which alone they ought to be placed, would require so large an expenditure, and it appears so doubtful if any amount of outlay would enable them to afford all the required accommodation, that, taken with the other grounds of objection which pervade the public mind in Dublin, we do not feel ourselves justified in recommending so radical a change in the present system of medical relief. We consider, however, that great changes are necessary in the constitution of the Lock Hospital, and we shall hereafter give a detailed account of those which appear to us to be the most important.

We cannot forbear adding, though such a consideration does not fall within the immediate scope of our inquiry, that, in remodelling this Institution, the vital importance of combining it as far as possible with a reformatory system should not be neglected.

There exist in Dublin and in its vicinity several very excellent Institutions, Protestant and Roman Catholic, for the reception of penitent females. We have visited some of these, and have been much struck with the admirable manner in which they are conducted, and with the great good which they are calculated to effect; and we earnestly hope that the Governors of the Lock Hospital will avail themselves, to the utmost extent possible, of the valuable opportunity which these Institutions may afford for effecting this great object.

In considering the second point, namely, the distribution of the proposed grant, we have had to consider whether any other Hospitals than those heretofore receiving aid from Government should be admitted to participate in it.

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The Hospitals now receiving such aid are:

The Westmoreland Lock Hospital;
The Rotunda Lying-in Hospital;
The House of Industry Hospitals, viz.:
The Richmond Surgical Hospital;
The Whitworth Medical Hospital; and
The Hardwicke Fever Hospital;
The Cork-street Fever Hospital;
Steevens's Hospital;
The Meath Hospital; and
The Incurables' Hospital.

In addition to these, the following have put forward claims for assistance:

The City of Dublin Hospital;
Jervis-street Hospital;
Mercer's Hospital;
The Coombe Lying-In Hospital; and
St. Mark's Ophthalmic Hospital.

We propose to deal first with the latter class.

The memorial of the first of these, the City of Dublin Hospital, to your Excellency for Government aid has been specially referred to us. Appendix, No. 3.

From some passages in the communications of the Governors of the City of Dublin Hospital and of its Medical Officers, it might be inferred that this Institution is the Clinical School of the Dublin College of Surgeons, an impression which we ourselves at first entertained. We, however, find this not to be the case, and that, in fact, there is no Hospital specially connected with that College; the College Professors themselves being attached to different Hospitals, each possessing its own Clinical School.

The formation of this Hospital is, no doubt, in a great measure due to Professors of the College of Surgeons; and they are, in our opinion, entitled to great credit for the energy which they have evinced in its establishment and maintenance.

The City of Dublin Hospital being located in a part of Dublin which is increasing in wealth and importance, enjoys in that respect peculiar advantages over the other Hospitals of the city. And it appears to us that the continued exertions of those parties who are interested in its prosperity, and are connected with it by property or neighbourhood, are adequate to secure its future maintenance on its present scale; and that the extension which would be necessary to adapt it for the support of a distinct School of Medicine would require a large immediate outlay, as well as a very considerable addition to its income.

Under these circumstances, we cannot recommend to your Excellency that the City of Dublin Hospital should participate in the grant proposed to Parliament for the Hospitals of Dublin.

Jervis-street Hospital and Mercer's Hospital are City Institutions, receiving corporation grants annually. Each has some vested and other property, making, with these grants, about £900 per annum. They appear to be valuable Institutions, economically managed, but neither of them presenting any feature which, in our opinion, entitles them to receive support from public funds.

The Coombe Lying-in Hospital is situated in a part of the south side of the city of Dublin, called the "Liberties," surrounded by a large and very poor population. Its distance from the Rotunda Lying-in Hospital, which is on the north part of Dublin, is nearly two miles. It was founded in 1826, in consequence, it is stated, of the feeling occasioned by its becoming known that two poor women from the Liberties died on their way to the Rotunda Lying-in Hospital in the previous very severe winter. The sympathy occasioned by this occurrence induced several benevolent persons to subscribe for the establishment of a Lying-in Hospital in that locality.

The Hospital has accommodation for thirty-one beds; but the largest number lately occupied is twenty-one, being all that its limited funds can support. During the last three years, its intern patients have annually averaged 533, and its externs, it is stated, about 700. In all, between 1,200 and 1,300 poor lying-in women are attended in the Hospital, or at their own residences, every year, and receive such medical treatment as they require. It is supported by subscriptions

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and donations, and by a city presentment equal in amount to the sum yearly subscribed. The funds from all sources average about £680 per annum.

Each pupil pays four and a-half guineas for a six months' attendance on the Hospital, and on the extern patients, and two guineas for the midwifery lectures delivered by the Master. About 640 pupils have been already educated at this Institution, which is supported by all classes, as appears by the subscriptions, which vary from £25 down to as low as 2*s*.

We are of opinion that it is very important to the population at the south side of Dublin, that such an Institution as this should be adequately supported, particularly as it affords much extern attendance in lying-in cases (an arrangement which is found extremely useful in other large communities), thus affording to medical students a wide field for enabling them to become practically acquainted with this important branch of their profession, and supplying relief to this class of patients at far less cost than if they were admitted into hospital.

During the years 1851, 1852, and 1853, this Hospital was attended by 139 pupils, affording a strong proof of its estimation in public opinion.

We believe that a small annual grant, in addition to its present source of income, would enable this Institution to maintain itself in a state of efficiency; and for the reasons above stated, we consider it well entitled to such assistance. We accordingly recommend that a grant of £200 per annum be awarded to it.

Before, however, this grant be conceded, it will be necessary that some arrangement should be made with regard to the tenure of the house, the premises not appearing to be in the exclusive possession of the Governors.

We have reason to believe that the Governors are aware of this necessity, and will be prepared to take steps to remedy this defect in the event of their being afforded public support.

The St. Mark's Ophthalmic Hospital is the only institution in the city exclusively devoted to Diseases of the Eye and Ear, though in the general hospitals, and particularly in the City of Dublin Hospital, patients affected with serious diseases of the eye are admitted; and in the latter-mentioned Institution lectures are given on them. In the four years ending 1854, the number of patients treated in St. Mark's Hospital was 405; that of extern cases applying at the Institution for advice and medicine, 2,448, on the average of each year.

The Hospital is supported by subscriptions, a Corporation presentment, a grant from Bishop Sterne's Charities, and by small sums taken from such patients as are in a condition to make any payment; the whole income amounting to about £270 per year. The annual expenditure is about £256. The Medical Officer receives no salary from the funds of the Institution, nor any emoluments, except the fees paid by pupils. The funds appear to be economically disbursed, and the Hospital well managed. It contains twenty beds, of which only sixteen at most are ever occupied. It is centrally situated, relatively to the several Medical Schools. An average of about twenty-one pupils have latterly attended its practice annually.

We consider a special Ophthalmic Institution to be highly valuable as a means of enabling medical students to acquire a more accurate knowledge of the Diseases of the Eye and of their treatment than can usually be obtained at general hospitals, and also of alleviating the suffering endured by the poor of Ireland from this class of disease, which prevails to a great extent in this country.

As a proof of the advantages which the public receive from this Institution, we may state that, in the year 1854, not less than 201 operations were performed on the eyes, of which sixteen were extraction of cataract, fifty-seven solution of cataract, and seventeen for artificial pupil.

Considering this Institution to be deserving of support on public grounds, we recommend that a grant of £100 be given to it.

We now revert to those hospitals to which grants have been hitherto made and to which it is proposed that they shall be continued.

The Lock Hospital.

This hospital was originally established by the Government of Ireland for the treatment of male and female venereal patients, and was open to the attendance of pupils; but in consequence of certain disorders which occurred in the establishment, and which the authorities of the hospital were unable to suppress, it was

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considered advisable to restrict the admissions to females only, and to prohibit the attendance of pupils.

Since 1820, the hospital has been entirely confined to the relief of intern female patients. We observed with great regret on our visit to this Institution that no classification of the patients was attempted, but that the old and the young, the hardened and the comparatively inexperienced in vice, were associated in the same wards.

Dr. Byrne, the Senior Medical Officer of the Institution, in his evidence before the Committee of the House of Commons, in 1854, states, in answer to a question on this point, "There is no classification at present; there was, and it is a great loss to the community at large, but the classification entailed so much expense we were obliged to give it up."

We think it impossible to exaggerate the evil effects of such a system in an Institution whose efforts should be directed to preventing the spread of the moral contagion no less than that of the physical disease, and it appears to us of the first importance that this great evil should be at once remedied.

The following classification might, we think, be advantageously and conveniently adopted, viz.:—

1. General patients.
2. Patients admitted with special recommendations.
3. Probationers from the other two wards who may exhibit an earnest desire to reform, and patients returning temporarily from penitentiary asylums in consequence of relapse of disease.

Such classification would, moreover, greatly facilitate the means of imparting religious instruction.

We are further of opinion that no visitors whatever should be admitted into any of the wards except the parents of the patients, and then only in the presence of the matron.

The laundry of the hospital has, for some time been used as a kind of Reformatory Establishment, we believe, with considerable benefit to those employed in it, and with some saving to the Institution. This department might continue to be used for the same purposes, and every effort should be made to inculcate habits of industry, generally, by providing such of the inmates as are willing and able to work with useful employment.

Every system of reformation, however, must fail if unaccompanied by religious training: and in this respect we think the Lock Hospital is deficient.

The Protestant inmates have the benefit of the services of a paid clergyman, who visits the Institution at frequent intervals, and attends the sick and dying when called upon.

The Roman Catholic inmates, however, who form by far the larger proportion, have no regularly assigned religious instruction, but depend on the gratuitous attendance of the parochial clergyman or curate engaged in the duties of the mission. Moreover, there is no provision at present for the attendance on public worship of either Protestant or Roman Catholics.

We consider it desirable that a Roman Catholic chaplain should be added to the establishment, with a fixed salary, and that one of the rooms in the building should be appropriated for the purpose of a chapel, to be used on fitting occasions by the members of either persuasion.

Keeping in view the opinion expressed by the Select Committee of the House of Commons, that "all hospitals which receive assistance from the State ought to afford medical instruction," we have been at considerable pains to collect the opinions of the medical profession in Dublin as to the expediency of making this an Educational Institution; and these inquiries have led us to the conclusion that, although it is not desirable to allow the indiscriminate attendance of pupils, as in other hospitals, yet that advantage would be gained from the establishment of a class of matured pupils who had nearly completed their course of professional studies, and who should be permitted to attend the practice of this hospital on the recommendation of not less than two physicians or surgeons of any hospital which they have been previously attending, accompanied by their certificate of good conduct. Every such pupil paying a fee of £2 2*s*. to the medical officers of the Lock, for the privilege of a six months' attendance on the hospital, and a course of lectures on the symptoms and treatment of venereal diseases in the female. The pupils should be strictly prohibited from visiting the wards unaccompanied by one of the surgeons.

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Our attention was attracted to the absence from this hospital of a proper system of medical registration. This seems to us a most unaccountable neglect in such an institution. In similar hospitals in London, in Edinburgh, and in Glasgow, a classified registry is kept of the number of cases occurring under each form of the disease. Such a registry is also kept by the Medical Officers of the North and South Dublin Unions, and ought to be introduced into the Westmoreland Lock Hospital without delay.

The hospital is now managed by a Board of Governors appointed by the Lord Lieutenant. We recommend that its future government be confided to a Board of Management to be partly nominated by the Lord Lieutenant, and partly to be elected from Life-Governors and Annual Subscribers.

We recommend that the qualification of a Life-Governor be a donation of £20, that of an Annual Governor a subscription of £2.

We recommend that the Board of Management consist of not more than twenty-one members, nor of less than nine, one-third of whom should be nominees of the Lord Lieutenant, and the remaining two-thirds elected out of the qualified Governors; and that in case there should be an insufficiency of qualified Governors to make up the minimum number, the Lord Lieutenant be empowered to complete that number by his own nominations.

We recommend that the entire control of the establishment be committed to the hands of this Board, who should have power to dismiss any of its officers or servants; the appointment of such persons remaining with the Governors generally.

For some time the number of beds maintained in this hospital was 150, but in consequence of the reduction of the Parliamentary Grant, that number has been reduced to forty.

We are of opinion that it will be necessary to provide for the reception of 150 patients, and that for this purpose an annual sum of £2,600 should be allocated out of the Parliamentary Grant. This amount will, in our opinion, suffice for the proper maintenance of that number of beds.

Considerable alterations and repairs in the building will however be necessary to fit it for the increased number of inmates.

We have had an estimate prepared of the works which appear necessary, which we find may be performed at a cost of about £720. We also consider it desirable that the premises should be lighted with gas.

We propose that these works, should they meet with your Excellency's approval, be undertaken by the Board of Public Works, the cost being provided out of the Grant.

As a considerable time must elapse before the building and establishment can be adapted for the extended accommodation, we apprehend that the expense can be easily met in the manner proposed, without much delay or inconvenience.

The Board of Works should, in like manner, be charged with the future maintenance of the buildings.

We beg leave to suggest the following establishment, viz.:—

Two non-resident Surgeons, at salaries of £100 per annum each, to divide the duties equally between them.

One Surgeon-Apothecary, to reside on the premises, with a salary of £75. This officer to act as Registrar, and to be charged with the duty of keeping a correct record of the cases treated in the hospital, from data supplied by the Medical Officers.

One Protestant Chaplain. This officer is already provided for by a private bequest for that purpose.

One Roman Catholic Chaplain, £50.

One Matron at £60, with apartments.

One Accountant and Steward, at £40.

One Porter, to be provided with a suit of clothes, rations, and apartments, £15.

One Cook, with rations and apartment, £10.

One Laundress, with rations and apartments, £10.

Five Ward Nurses, at salaries of £10 each, with rations and apartments.

We consider it to be of the highest importance that the Matron and Nurses should be very carefully selected with regard to their intelligence and moral character.

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Rotunda Lying-in Hospital.

This very important and useful Institution engaged much of our attention. The general arrangements of the Hospital, and the manner in which the patients are treated, reflect great credit on its management.

We are, however, of opinion that this Hospital could be rendered still more efficient in answering the purposes for which it was instituted, and the danger of abuse avoided, if certain alterations were introduced into its system.

The first of these concerns the constitution of the governing body.

The present qualification for a Life-Governor is a donation of £100, and that for an Annual Governor a subscription of £10, per annum. The number of Governors is limited to sixty. We recommend that the qualification be reduced: in the former case to a donation of £20, and in the latter to an annual subscription of £5. We also consider that the number of Governors should be unlimited.

We are aware that to effect this change in the number of Governors an alteration of the Charter will be necessary, but we see no reason why such an alteration should not be made; and we hope that no obstacle would be interposed by the present body of Governors in the way of an improvement which appears to us to be imperatively called for.

The next point on which we consider that some change is required is with regard to the practice of electing the Master. It will be seen from the letter of the Recorder of Dublin, of which a copy is annexed, that this subject has already been brought under the notice of the Governors. Appendix, No. 4.

It would appear, from a passage in the Report of the Commissioners of 1842, that they considered it to be a condition of the Charter that the Master should be elected from those who have been Assistant-Masters. After a careful perusal of the Charter we have not been able to discover any such condition; and we are of opinion that the alteration proposed by us, in regard to the constitution of the Governors, will afford ample security for obtaining for the Institution the services of the best qualified persons for that important post.

We are further of opinion that the practice of attending on patients beyond the walls of the Hospital is not sufficiently followed in this Institution. On this point we concur in the opinion which was expressed by the Board of Health in 1820, and which is referred to in the Report of the Commissioners of 1830 and of 1842. We consider this subject to be worthy of more attention than it has hitherto received, and that the principle of attending on extern lying-in cases, especially during the prevalence of puerperal fever, should be acted on as extensively as possible.

If these improvements be fairly carried out, this Institution will be entitled to rank with the first of its class in Europe, and will be well worthy of public aid; and we submit that under such circumstances, a grant of £700 per annum should be allocated to it.

The House of Industry Hospitals.

The establishment which comprises this group of hospitals is under the charge of the Poor Law Commissioners.

It consists of—

The Hardwicke Fever,
The Whitworth Medical, and
The Richmond Surgical, Hospitals;
The Hardwicke Lunatic Cells, and
Island Bridge Lunatic Asylum; and
The Talbot Dispensary.

The Medical Charities Act having made provision for affording Dispensary relief to every part of Dublin, and there being another institution of the same kind in the immediate neighbourhood, which is supported by a bequest from the late Lord Netterville, and is under the charge of two Medical Officers, we think that the Talbot Dispensary should be no longer maintained at the public expense.

We are also of opinion that the establishment should be relieved from the lunatics which it now has in charge; and we recommend that immediate measures be taken for their reception into the Richmond District Lunatic Asylum, or for their disposal in such other manner as your Excellency may consider most proper and advisable.

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The remaining portion of the establishment, viz., the Hardwicke, Whitworth, and Richmond, Hospitals, form an institution capable of affording extensive relief, not only to the sick poor of Dublin, but to patients arriving from various parts of Ireland, many of whom are in the habit of resorting to these hospitals for medical or surgical treatment.

The ample means which the number of beds, disposable for each different class of patients, affords for general instruction in medicine and surgery, especially for that very important branch of medicine, the treatment of infectious febrile diseases, added to the advantage which the institution derives from its proximity to the Carmichael School of Anatomy, give it, in our opinion, peculiar claims to a liberal support, both in the character of an hospital for the benefit of the afflicted poor, and of a school for the advancement of medical science.

From the mode in which the accounts have been kept, there being no separate account of the cost of the three hospitals disconnected from that of the entire establishment, we have had great difficulty in arriving at a satisfactory conclusion as to the sum which will be necessary for the future maintenance of these hospitals, as a distinct institution.

After giving the subject the best consideration in our power, we have come to the conclusion that a sum of £7,600 per annum will be adequate for the support of these hospitals, in an efficient state, upon their present scale of accommodation.

We recommend that they be placed under the management of a Board of Governors, to be constituted in a manner similar to that which we have suggested for the Lock Hospital. The greater extent of the establishment might, perhaps, render it advisable to increase the number of the Board of Management.

The appointment of Governor should be abolished, as the duties of that office would be superseded in great measure by the new Board of Management, and the Steward will, we have no doubt, be found fully capable of performing all the functions which would attach to that situation.

One Matron should also, we are of opinion, be appointed over the whole establishment.

Certain alterations and repairs will be required to place these Hospitals in a perfectly satisfactory state, there being neither proper lavatories nor water-closets, which should be provided. But we consider it absolutely essential that the removal of the *straw depot* and *laundry* from their present inconvenient and dangerous position, under the Hardwicke Fever Hospital, should be effected without delay.

We think that these repairs and alterations might be committed to the Board of Works, who should be directed to prepare an estimate of the probable cost of executing these and any other alterations which may be found necessary. We should hope that there would be no objection to providing the extra sum necessary for this purpose in addition to the annual grant we propose for the maintenance of the Hospital.

It would also be desirable, in our opinion, that the buildings should be kept in repair by the Board of Works, the cost forming a charge on the annual grant to the Institution.

Appendix, No. 5. We annex a letter which has been addressed to us by the Roman Catholic Chaplain of the House of Industry, suggesting the expediency of a chapel being provided for the large number of inmates of that persuasion who are in these Hospitals, as well as a residence on the premises for the Chaplain himself.

These suggestions may be thought worthy of consideration, in the event of the removal of the Talbot Dispensary, and the other contemplated arrangements, leaving accommodation sufficient for the purpose.

Cork-street Fever Hospital and House of Recovery.

This Hospital has received from us very careful and anxious consideration, involving, as it does, the important question whether it should be retained for the special reception and treatment of Fever cases, or whether those cases might not be introduced into the Medical or General Hospitals, and distributed amongst the other patients, (as is the case in England and elsewhere,) and the Cork-street Hospital, as a special Hospital for this purpose, given up. Although many circumstances would have induced us to incline to the opinion that the distribution of fever patients amongst General Hospitals is desirable, yet, on the grounds we have before adverted to, and looking to the decided opinions expressed in evidence before the House of Commons Committee by some of the ablest phy-

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sicians in Dublin on this point; and seeing that the general feeling of the public mind in Dublin is so strongly in favour of a special Hospital for fever cases in that city, we have not thought ourselves justified in recommending any change of system in this respect.

There is one point on which we think it our duty to make some special observations; and that is, the practice, which appears to have been for some time pursued, of funding any excess of income over expenditure which may occur in a particular year.

The impropriety of this practice is so obvious that we should have scarcely considered it necessary to do more than point it out to insure its immediate correction: but we observe that, on former occasions, the same practice has been noticed with disapprobation, and has, notwithstanding, been persevered in.

We submit to your Excellency that all such sums should be brought to account in estimating the expenditure of the ensuing year, and we trust that some measure may be adopted to ensure compliance with this regulation.

We beg leave to state our opinion that a sum of £2,500, added to its other sources of income, would, under proper management, be sufficient to enable this Hospital to maintain its present number of beds, and to keep the whole of the buildings in such a state of repair as to be available for any sudden outbreak of fever, such as has occurred in former years; and we accordingly recommend that that sum be allocated to this Hospital out of the Parliamentary Grant, subject to the following general arrangements, which appear to us absolutely necessary to place it on a proper footing:—

1. That patients should be admitted at all hours of the day or night.
2. That patients received from the unions should be charged for at the same rate as those maintained in the Hardwicke Fever Hospital; as we can see no satisfactory reason why any difference in this respect should prevail in two Hospitals, both supported out of public funds.
3. That greater care should be taken by the medical officers with regard to the character of the cases which they admit into the Hospital; it appearing to us that many of the patients admitted were not strictly fever cases, and, therefore, not fit for a special Fever Hospital, but would be more properly subjects for treatment in a General or Medical Hospital.
4. That the same persons should not continue to be employed as day and night nurses; but that the two duties should be separated, the day nurses being kept on duty from 6, A.M., to 9, P.M., and the night nurses from 9, P.M., to 6, A.M.
5. That two house pupils be attached to the permanent physicians, to be provided with apartments in the Hospital, and to be appointed for six months; their attendance to be in alternate weeks, one to be always present in the Hospital.

Lastly. That every proper facility be afforded for post mortem examinations, a registry being kept of such cases.

Dr. Steevens' Hospital.

The grant which we recommend for this Hospital is £1,300.

The sum recommended by the Select Committee of the House of Commons was £1,080 only.

The ground on which we have thought ourselves justified in submitting this increased grant is that of securing the establishment of a medical school—an object so much insisted upon in relation to these Hospitals, and for which this Hospital especially offers so many advantages.

We have reason for believing that the Governors of this Institution are alive to the importance of this subject, and are not indisposed to second our views.

A plan, which has been carefully prepared by Mr. South, is annexed, to which we respectfully invite the attention of your Excellency. We conceive that plan to be well calculated for effecting the object in question. Appendix, No. 6.

It will be necessary, in furtherance of this plan, that twenty additional beds should be provided for fever cases.

Some addition to the Medical Staff will also be necessary.

Failing the execution of this project, we are of opinion that the sum to be appropriated to this Hospital should not exceed £1,080.

Some improvement of the water-closets is, in our opinion, called for, and we strongly advise the removal of the dead-house from its very objectionable position in the body of the building to some outbuilding contiguous.

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Meath Hospital.

We are of opinion that the sum of £600 a-year, which was recommended by the Select Committee of 1854, should be allocated to this Hospital out of the grant to be appropriated to these institutions, to be applied, as heretofore, to the maintenance of thirty-six beds for fever patients.

The Committee in their report state their opinion, that it would be desirable that some alteration should be made in the system now practised, by which the medical officers are elected by each other.

We concur in this opinion; but we apprehend that as this practice is sanctioned by the provisions of an Act of Parliament, 13 & 14 Geo. III., cap. 43, it can only be altered by the introduction of a special Act for the purpose; and we are not aware that any such serious inconvenience has arisen from the practice as to render that course necessary.

Hospital for Incurables.

Although this Hospital is well worthy of support as a charitable institution, yet from its peculiar nature it is not adapted for educational purposes, nor is it indeed a hospital at all, in the sense in which that word is generally understood.

It is, in fact, an asylum for the reception of that unhappy class of persons whose cases, being beyond the hope of cure, are considered as no longer fit subjects for a hospital, and who are merely placed in this Institution to receive such relief as their helpless state of suffering will admit of.

Having recommended that the Concordatum Fund should be relieved from the charge now placed upon it for the Meath Hospital, we venture to suggest to your Excellency that the present annual grant of £250 to this Hospital should be provided out of that fund.

The general financial result of our recommendations is as follows, viz.:—

	Per annum.
The Lock Hospital,	£2,600
Rotunda Lying-in Hospital,	700
Coombe Lying-in Hospital,	200
House of Industry Hospitals,	7,600
Cork-street Fever Hospital,	2,500
Steevens' Hospital,	1,300
Meath Hospital,	600
St. Mark's Opbthalmic Hospital,	100
Total,	£15,600

We have now concluded the observations which we think it necessary to offer to your Excellency on the condition and regulations of the Hospitals of Dublin; but, before closing our Report, we venture to recall the attention of your Excellency to the recommendations which have been made, on several occasions, with reference to the appointment of a permanent Commission to supervise the conduct of these institutions.

We would very respectfully impress upon your Excellency the advantage which would be derived, even by the Hospitals themselves, from the appointment of such a Commission.

We do not presume to define the manner in which this body should be constituted; but we cannot for a moment doubt that, in such a city as Dublin, many individuals will be found ready to obey any invitation from your Excellency for the purpose, and to devote a small portion of their time to an object which would be attended with so much benefit to the community of which they are members.

It would, we think, be desirable to attach to this Commission, whose services would, of course, be gratuitous, a salaried officer, to be appointed by your Excellency, who should act in the capacity of Secretary to the Commission, and whose chief duty it should be to inspect all these Hospitals not less than twice in the year, or whenever directed by the Commissioners, and to report to them the result of such inspections.

It would be desirable that the Commissioners themselves should make an annual report to your Excellency on the state of the Hospitals, and that their report should be laid before Parliament on the presentation of the Estimates for the year.

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The statements which accompany this Report, and which have been prepared after much careful consideration, will be found to contain many matters worthy of serious attention, but which we have not thought it convenient to introduce into our General Report.

We beg leave to submit these statements to your Excellency's special notice.

In conclusion, we feel bound to acknowledge the ready assistance which we have experienced from all parties in Dublin whom we have had occasion to confer with in the course of our inquiries, and, in particular, the valuable aid which has been afforded to us by our Secretary, Mr. Phelan, whose intimate acquaintance with these institutions has been of the greatest service to us.

TALBOT DE MALAHIDE.
JOHN F. SOUTH.
W. H. STEPHENSON.

December 4th, 1855.

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APPENDIX, No. 1.

Return of the average Annual Income and Expenditure of each of the Dublin Hospitals in the five Years ended the 31st March, 1855; of the Number of Patients admitted into each Hospital; and of the Extent of Hospital Accommodation in each during that period.

Name of Hospitals	Income from: Government Grants.	Income from: Treasury Grants under County Infirmary Act.	Income from: The Public. Subscriptions.	Income from: The Public. Medical Officers.	Income from: Bequests and Legacies.	Income from: Annual Invested Property.	Income from: Income Invested Property.	Income from: Landed, House, or other Property.	Income from: Accounts on the City of Dublin.	Income from: Accounts on the County of Dublin.	Total Income.	Expenditure on: Patients or Maintenance.	Expenditure on: Staff or Establishments.	Expenditure on: Total Expenditure.	Extent of Hospital Accommodation: Number of Beds supported by present Funds.	Extent of Hospital Accommodation: Number of Beds stated to be unexcepted for want of Funds.	Extent of Hospital Accommodation: Total Beds Accommodation.	Number of Patients annually admitted.	Average Number of Patients in Hospital, at four Quarterly Periods in 1854.
	£ s	£ s	£ s	£ s	£ s	£ s	£ s	£ s	£ s	£ s	£ s	£ s	£ s	£ s					
General Hospitals																			
House of Industry Hospitals viz.																			
Richmond Hospital,	17,713 13	—	—	—	—	4,240 0	176 4	—	—	—	11,871 16	—	—	*12,987 2	110	10	120	1,460	98
Whitworth Hospital,															82	—	82	1,340	77
Hardwicke Hospital,														*7,660 0	120	24	144	1,938	108
Steevens' Hospital	1,000 0	—	37 0	—	67 5	12,225 8	450 0	*1,396 8 / 2,316 0	—	—	4,190 2	3,554 11	1,088 0	4,748 0	300	50	350	2,432	300
Meath Hospital,	900 0	—	341 1	100 0	198 1	6,813 14	221 11	134 8	—	533 13	1,945 0	1,339 0	623 10	1,956 5	162	—	162	1,226	13
City of Dublin Hospital	—	—	456 0	100 7	89 16	600 0	10 5	—	337 6	—	980 14	122 16	316 0	438 16	65	40	105	538	61
Jervis-street Hospital,	—	41 0	105 0	—	—	*12,000 0	356 0	10 0	200 0	—	916 0	340 0	535 12	875 12	60	20	80	720	44
Mercer's Hospital,	—	44 11	44 0	—	6 11	8,007 0	254 4	436 17	240 0	—	1,027 0	507 4	290 0	1,797 4	40	20	60	622	40
Sir Patrick Dunn's Hospital,	—	—	80 0	47 7	—	7,400 7	226 16	1,024 0	—	—	1,348 5	1,179 10	401 16	1,581 6	90	40	130	661	—
St. Vincent's Hospital,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	700	100	800	—	—
Total, General Hospitals,	18,891 13	80 11	954 19	250 14	361 17	53,786 10	1,895 0	3,981 2	737 0	533 13	80,411 4	8,107 6	2,963 1	12,783 0	954	204	1,158	11,771	—
Special Hospitals																			
The Lock Hospital,	1,430 0	—	—	—	—	—	—	—	—	—	1,430 0	998 12	357 7	1,356 19	40	98	138	777	40
Rotunda Lying-in Hospital,	600 0	—	247 0	—	320 6	7,985 0	344 4	3356 16	—	—	1,776 6	1,236 2	409 7	*1,645 19	450	54	127	2,007	64
Coombe Lying-in Hospital,	—	—	502 8	—	209 17	1,110 0	33 2	4 9	367 0	—	628 8	300 0	234 2	534 0	21	10	31	538	—
Cork-street Fever Hospital,	2,110 4	—	78 17	—	122 10	14 888 4	364 16	270 12	—	—	3,757 18	1,954 4	2,080 7	3,980 11	120	204	324	2,008	32
Incurables Hospital	900 0	42 12	0 13	—	564 3	17,520 0	656 12	85 8	500 0	—	1,888 3	1,311 8	210 14	1,512 2	74	20	100	10	74
St. Mark's Ophthalmic Hospital,	—	—	538 5 / 187 16	—	—	1,005 11	35 2	—	81 0	—	336 17	114 0	145 4	261 16	16	4	20	60	—
Total, Special Hospitals,	6,037 4	42 12	741 3	—	1,001 18	48,411 10	1,431 10	729 14	678 0	—	9,828 11	6,864 12	3,704 1	9,918 13	674	450	864	6,400	—
Total, General and Special Hospitals,	18,891 13	123 0	1,696 0	250 14	1,363 15	102,197 10	3,326 2	4,710 16	1,415 0	533 13	90,239 15	16,465 1	6,667 2	22,701 10	1,628	654	2,282	18,171	—

* The only findings of the Hospital expenditure given in the Appendix of the House of Commons Committee's Report are, "On Patients and On Staff." Not much Cost should be charged to the staff, as general establishment, be charged to patients, or maintenance, so that, in most instances, the actual cost for maintenance, and that for the establishment, is not known.

* Note in the total expenditure is the whole establishment—the three Hospitals, the two Lunatic Departments, the Tallbot Dispensary, and the Trust Institution.

* This is assumed by the House of Commons Committee to be about the probable annual cost of the three Hospitals as are the nearest equivalent. The Means of Industry establishment stated that, as no separate account is kept for any department of it, the actual cost of the hospitals cannot be ascertained.

* Each case is reckoned for Incurables Patients—i.e. 8d. per head per day, of which 5½d. is paid by the patient, 2d. by Government.

* The sum invested is not stated in the Ret — ion Also in the annual income from it, this amount is assumed

* No Return has been received from this Hospital, perhaps because it is entirely supported by voluntary contributions.

* This is the annual average sum returned to the House of Commons Committee for the years 1851, 1852, and 1853, under the head, "Income from Landed, House, or other Property," and the sum is returned for the years 1854 and 1855; but it Return, which the Commissioners have received for these two years shows the Income from Rents of Houses, Rotunda Rooms Gardens, and Square Tax, to average £7,418 5s. 2d each year. Neither Return shows the expenditure on the Houses, Rents as Rooms, &c. It is, however stated, by the Management and Return, that it "total not expenditure of the Hospital" for these two years was £7,645 4s. 11½d, and the "total gross expenditure is six times Rotunda Dispensary Dabentures, &c. £6,217 4s. 5d. From this it would appear that, after paying £428 for the Debentures, £806 19s. 6d. was annually expended on the Rotunda Rooms, &c.

* This is the annual expenditure on the Hospital—but the total annual expenditure is £9,918 6s. 0d., according to the two Returns.

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Appendix, No. 2.

A Plan for the Consolidation of the Dublin Hospitals.

Hospitals should be considered under two points of view, both of the greatest importance, and most happily in such mutual relation that the benefits derived from the one mainly develop the advantages of the other, as well to those for whom at first they were especially intended, as to society which has subsequently employed them for the public good.

The first great object in the establishment of hospitals is, or ought to be, the provision of medical and surgical assistance, with such careful lodging, attendance, and suitable feeding, as can alone be furnished by these institutions, to the poor who are labouring under sickness or injury, mostly arising out of their straitened circumstances and laborious employments.

The second, not less important object, is the provision of schools of instruction in medicine and surgery, the means for which are amply supplied in large hospitals, duly provided with experienced medical and surgical attendants, not merely without inconvenience or annoyance to the patients, but to their actual benefit. To the students the hospitals afford the opportunity of practically testing the truth of the doctrines they have heard, in the systematic lectures they are required to attend, by watching the treatment of the cases, by attending to the conversations which must necessarily pass between the physician or surgeon and the patients, for the purpose of acquiring the needful knowledge of the ailments, and by noting down in their case-books what they have seen and heard. In this way, with common attention, the student acquires large practical experience in the nature and treatment of disease; and although it may be said to be at second-hand, yet if the number of patients presented to his observation be sufficiently large, he acquires ample information to enable him to treat properly the various forms of disease which will come before him.

In the practical working of the hospital system, the duties of the physician and surgeon are not precisely alike, nor is it advisable they should be; as in the surgical department, many of the advanced students may be, as they ought to be, made useful assistants to the surgeon, and skilful attendants on the patients, in circumstances which do not need his particular attention, but in which the common assistance of the nurse is unfitting and insufficient; by thus acting under the supervision of the surgeon, the student enjoys the privilege of educating his fingers in touching and handling, which are of great importance in the practice of handwork, chirurgery, or surgery. On the contrary, in the medical department, the student is almost always only an observer, and a registrar of the course of the disease and of the physician's treatment of it, without having any material personal participation in it, as the advanced surgical students, whether called pupil or dresser, has or should have.

Hence it is evident, that to the physician is intrusted the *entire* care of medical cases, the assistance which he derives from the apothecary of his hospital, or from his clinical clerk, when such student appointment is permitted, being trivial, except on the admission of urgent cases during his absence. Whilst, on the contrary, the surgeon has, or should have, the assistance of his advanced pupils or dressers, whom he practically instructs in the various methods of tying arteries, dressing wounds, distinguishing fractures from one another, and applying or adjusting to them the necessary apparatus and bandages, besides other minor operations with which it is necessary they should become conversant, and which they quickly acquire alike for their own improvement and the patient's advantage; whilst the surgeon to whom they are attached, overlooks, directs, and controls the whole proceedings.

The employment of hospitals as schools of practical medical and surgical instruction being admitted, it becomes a most important matter to determine what number of beds should be required to constitute a *teaching hospital*, and what number of physicians are required, first for the treatment of the patients, and secondly for the instruction of the students.

It has been, and is still held by some medical authorities in Dublin, that hospitals, with few beds are sufficient for medical and surgical clinical instruction; and this idea was many years since actually carried out. Dr. Robert Perceval, in his *Account of the bequest of Sir Patrick Dun*, states that the two King's Professors attending the temporary clinical hospital in the winter of 1794–5, "diminished the establishment of patients in the house to *fourteen*. This happened not accidentally, but systematically, as appears by the statements of Dr. Dickson's pamphlet, in which it is asserted that even a smaller number (*twelve*) is sufficient for the purpose of clinical instruction. * * * The ground on which Dr. Dickson's assertion is ostensibly maintained, is the impossibility of reporting fully on the cases of a number of patients greater than twelve, in the course of an hour, the time allotted. But this mode of reasoning assumes the *necessity of reporting every day upon the case of every patient*—a task altogether superfluous. The large majority of cases, in hospital as well as in private practice, are chronic, and on these it will be seldom necessary to report oftener than once or twice a week."—(pp. 35–6.) Very recently also the small hospital at Pavia from the use of which the celebrated Scarpa derived largely the materials of his valuable surgical experience and writings, has been brought forward in support of the practical advantages of a small over a large hospital. The very pertinent remarks of Dr. Perceval to Dr. Dickson's assertions may, however, be here quoted as full answer to any such observations, "That a wide field of observation is necessary to

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supply to the student a competent number of instances of the infinite varieties of disease—to suggest to his observation the comparison of different courses which diseases of the same name run on different ages and temperaments—to convey an adequate idea of the character of epidemics, as they occur at different seasons, or from a specific contagion—must appear evident to every mind that is capable of reducing a number of facts to scientific principles, and founding upon them safe practical conclusions."—(Pp. 38-9.)

Other high authorities of the present time in Dublin also prefer a large to a small number of beds for clinical instruction; as, according to Dr. Stokes's evidence* "in order to have a useful hospital for the pupils we should have, at least, as many beds as pupils." Indeed the advantages to be derived by the pupils from seeing a large rather than a small number of cases are self-evident.

Again, if the advisability of having special hospitals for every important disease or serious accident, as a heart hospital, a chest hospital, an aneurysm or a fracture hospital, be urged, where such cases might be conveniently watched by a student directing his attention to those specialities, it might be easily shown that such arrangements could only be made to the great inconvenience of the general student, who would necessarily be spending his time in traversing the streets from one hospital to another. If it were really necessary for the sake of study to collect particular diseases together, surely the better way would be to put them together in particular wards, under the roof of a large hospital, where the student might visit them with the least waste of time, which to all, and to the medical student especially, is a matter of the greatest importance. But as a general rule, special wards are known practically to work ill; at one time there will be more fitting cases for admission than the number of beds in the special ward will receive, whilst at another there may be so few applicants that half or more than that number of these beds are unfilled. Practical experience, therefore, shows it best to receive all kinds of cases, as the hospital has vacant beds, care having been taken that the due proportion of beds are assigned to the medical and surgical cases, which should be the only restriction on admission.

Custom has placed the venereal patients in separate wards. Now it is very doubtful whether this separation originated actually out of moral considerations, at least as regards male patients; it is very probable rather, that it was thought needful on account of the precautions considered necessary when that frightful mercurial treatment was practised, to which venereal patients, even within the last fifty years, were subjected, and consequent on which more dreadful disease was set up in the constitution than that for which the medicine was given. Indeed such has been the change in the treatment of this disease, which, by some practitioners is not now at all treated with mercury, whilst those who employ, use it very cautiously, that there is not any medical reason why venereal patients should not be received into general wards, except in very few cases; for if the use of mercury in treating this complaint is objectionable in a general ward, the same objection would apply to treating a case of iritis, or any other case requiring the affection of the constitution by mercury in a general ward.

Admitting, then, the propriety of hospitals being, correctly speaking, General Hospitals, that is, receiving patients of all kinds, medical or surgical, an arrangement, as before mentioned, especially advantageous to the students, as saving their time, and not at all inconvenient to the patients, it becomes matter of inquiry what number of beds should be contained in a hospital recognised as fit for the instruction of pupils in Medicine and Surgery.

The Royal College of Surgeons of England will not accept certificates of attendance on the medical and surgical practice of *any English hospital* which has *less than* 100 *beds*, not *nominally* but *actually* filled with patients. That college, however, receives certificates of attendance on all the Irish hospitals recognised by the Royal College of Surgeons of Ireland in deference to that body, although at the same time declaring its opinion as to the minimum number of beds a teaching general hospital should possess, by the requirements they make on the English hospitals.

Among the *fourteen* General Hospitals in London the highest estimated number of beds is in St. Bartholomew's Hospital, amounting to 579, of which 100 are male and 123 female medical; 168 male and 104 female surgical; and 25 male and 59 female venereal patients. On the 9th July, 1855, the actual number of patients in this hospital was 523, to wit:—

87 Male Medical.	155 Male Surgical.	23 Male Venereal.
111 Female „	88 Female „	59 Female „

Charing Cross is the smallest of the London hospitals, containing only 112 beds, 57 of which are allotted to male and 55 to female patients, who, in their own wards, are mixed indiscriminately, whether the cases be medical or surgical. On the 9th July, 1855, the actual number of patients in this hospital was 100, to wit:—

12 Male Medical.	35 Male Surgical.	3 Male, diseases not specified.
17 Female „	27 Female „	6 Female, „

Among the *seven* General Hospitals in Dublin (counting the House of Industry Hospitals as *one only*, inasmuch as they are situated within an enclosure little larger than that including the blocks of wards of Guy's Hospital in London, have the same medical and

* Report of Select Committee of House of Commons on Dublin Hospitals, p. 165.

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surgical officers, are attended by the same students, and, in fact, form a noble establishment, and excellent practical school) the largest number of beds is furnished by the House of Industry, to wit:—

WHITWORTH.	HARDWICKE AND SUPPLEMENTARY.	RICHMOND.
42 Male Medical.	58 Male Fever, so called.	75 Male Surgical.
40 Female „	60 Female „ „	35 Female „

On the 9th July, 1855, there were in these hospitals—

81 Male Medical, Fever cases, so called, included.	83 Male Surgical.
63 Female „ „ „	34 Female „

The House of Industry Hospitals are supported entirely by Government, excepting a small annual receipt, £136 5*s.* 10*d.*, from bequests.

The next largest and most noble hospital in Dublin is Steevens', founded and endowed, though not sufficiently to sustain it, by the physician whose name it bears, and by Mr. Edward Cusack, whose illustrious example, followed by Mrs. Mary Mercer, is well worthy the imitation of their fellow-citizens. The accommodation for patients in Steevens' Hospital is generally stated as amounting to 300 beds. But there must be some mistake on this point; for among the fourteen wards it contains are allotted, according to the information given to the Commissioners on the spot, only 228, which might be increased to 230 beds, and is the extreme number that ought, under the present arrangements, to be placed in them. From these, however, fourteen female beds, belonging to the Bishop of Derry's ward, should be deducted, as that ward has been unoccupied for some time past; so that the actual number of beds now in use is 214, of which 32 are male and 22 female medical; 104 male and 28 female surgical; 14 male mixed medical and surgical, and 14 civil male venereal beds. But on the 9th July, 1855, the total number of patients in this hospital was only 181, to wit:—

45 Male Medical.	66 Male Surgical.	13 Mixed Male.
18 Female „	25 Female „	14 Civil Venereal.

The smallest hospital in Dublin is Mercer's, founded and endowed by a maiden lady of that name, but not sufficiently for its support. Here also is a little discrepancy as to the accommodation which this house can afford. In Mr. Bevan's letter,* it is stated that the number of beds available is, in the gross, sixty; whilst in the return made to the Commissioners, last summer, it is stated, that the hospital can accommodate 8 male and 9 female medical, and 42 male and 23 female surgical patients. When, however, the Commissioners visited the house in May last, they were informed that one ward, containing 9 patients was emptied for repairs. How long it had been unoccupied was not mentioned, but probably for some time, as Mr. Bevan's letter, already referred to, mentions that on 1st February, 1854, the number of beds occupied was only 36, which, he observes, is not a criterion of the average number of patients in the house. It is not, however, *very* far out, for at the Commissioners' visit in May last, there were 42 patients; and by the return of 9th July, 1855, the number of beds occupied was 42, of which 23 were male surgical, and 19 female surgical; but *both* medical and *one* surgical ward were still closed.

It will be well worth while to make a comparative statement of the acreage, population, and hospital accommodation in London, Dublin, Edinburgh, and Glasgow, to ascertain the proportion of hospital relief afforded to the poor of the several cities.

Taking the Census of 1851 as our authority, it is found that London has, according to its Poor Law Districts, an—

	Statute Acres.	Population.		
		Male.	Female.	Total.
Area of	78,029	1,106,558	1,255,678	2,362,236
Which distributed into Districts gives:—				
West Districts, . .	10,786	169,133	207,294	376,427
North Districts, . .	13,533	218,064	272,332	490,396
Central Districts, . .	1,938	191,218	202,038	393,256
East Districts, . .	6,230	236,179	249,343	485,522
South Districts, . .	45,542	291,964	324,671	616,635

* Report of House of Commons Committee on Dublin Hospitals, 1854, Appendix, p. 335.

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The Hospital accommodation in the several Districts is as follows:—

	Male Beds.	Female Beds.
In *West Districts*—		
Lock,	24	24
St. Mary's,	80	69
Consumption and Diseases of Chest (Brompton),	115	115
St. George's,	190	160
Westminster,	88	85
Royal Westminster Ophthalmic,	9	9
Charing Cross,	55	57
In *North Districts*—		
Queen Charlotte's Lying-in Hospital,	–	12
Middlesex,	149	140
Small-pox and Vaccination (Highgate),	45	46
University College,	72	48
Royal Free,	12	23
London Fever (Islington),	100	100
In *Central Districts*—		
Queen Adelaide's,	–	14
Hospital for Women,	–	22
Royal Orthopædic,	16	20
British Lying in,	–	30
King's College,	70	57
St. Bartholomew's,	293	285
St. Mark's,	14	10
Royal Infirmary for Asthma,	10	10
City of London Lying-in,	–	48
Royal London Ophthalmic,	12	12
In *East Districts*—		
German,	36	15
City of London, for Diseases of Chest (Victoria Park, Hackney),	18	18
London,	266	134
In *South Districts*—		
General Lying-in,	–	30
St. Thomas's,	302	198
Guy's,	304	213
Seaman's Hospital Ship,	187	–
Male Beds,	2,467	
Female Beds,		2,004
Total,	4,471*	

Of these hospitals, fourteen are general, receiving all kinds of medical and surgical cases, and mostly having each a special outdoor midwifery department, and ophthalmic ward or wards; four of the principal, and one of the minor hospitals, have also venereal wards for both sexes. Of the special hospitals there are sixteen.

One Venereal, for both sexes,	with 48	beds.
„ Diseases of the Rectum,	24	„
„ Orthopædic,	36	„
„ Small-pox and Vaccination,	91	„
„ Fever,	200	„
„ Diseases of Women,	22	„
Three Diseases of Chest,	286	„
Five Lying-in,	134	„

Of the latter, only the General Lying-in Hospital receives male pupils, and the City of London Lying-in Hospital female pupils. The medical students, generally, acquire practical information in midwifery, from the out-patients applying at their respective hospitals, and are plentifully supplied from this source. If the number of beds for patients of all kinds received into the London hospitals, amounting to 4,471, be compared with the population of London, as estimated above, it will be found that the average is *one* hospital bed to every 528¼ persons.

Dublin has according to its Poor Law Districts, an

	Statute Measure.			Population.		
				Male.	Female.	Total.
	A.	R.	P.			
Area of	88,857	3	10	153,205	179,066	332,271
Which distributed into Districts gives to						
North Union,	40,768	2	23	62,610	72,536	135,146
South Union,	48,089	0	27	90,595	106,530	197,125

* Some of the hospitals in the above list have not their full number of beds stated, which arises from being now rebuilding, as is the case with Queen Charlotte's Lying-in Hospital, which when completed will hold fifty beds; and the Royal Free, which will contain 170 beds. Some are only partially filled, from lack of funds. Thus the Royal Westminster Ophthalmic would hold thirty beds; University College Hospital, 200 beds; City of London, for Diseases of the Chest, 72 beds; the Charing Cross has also a ward for children's beds, which is unoccupied.

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The Hospital accommodation in the Unions is as under:—

	Male Beds.	Female Beds.
In *North Union*—		
House of Industry Hospitals,	175	135
Jervis street Charitable Infirmary,	40	19
Rotunda Lying-in Hospital,	–	127
In *South Union*—		
Steevens',	166	64
Fever Hospital and House of Recovery,	126	90
Meath,	51	53
Mercer's,	48	32
City of Dublin,	43	27
St. Vincent's,	48	52
Coombe Lying-in,	–	31
St. Mark's,	8	8
Westmoreland Lock (for women only),	–	150*
Sir Patrick Dun's,	50	50
Male Beds,	755	
Female Beds,		838
Total,	1,593	

Of these, *seven* are general hospitals, receiving all kinds of medical and surgical cases, but, except in the Meath, the latter are much more numerous. Of the special hospitals there are—

One Venereal, for women only, with 150 beds.
" Ophthalmic, " 16 "
" Medical, " 100 "
" Fever, " 216 "
Two Lying-in, " 158 "

A comparison, therefore, of the number of beds for patients of all kinds, received into the Dublin hospitals, amounting to 1,593, with the population of that city estimated as above mentioned, gives an average of one hospital bed to every 208⅔ persons.

Edinburgh, including South and North Leith, according to Royal Ordnance Survey has—

	Statute Measure.			Population.		
				Male.	Female.	Total.
	A.	R.	P.			
An Area of	10,721	3	7	87,580	106,349	193,929
Which distributed as follows into—						
City of Edinburgh,	583	1	2	29,352	37,382	66,734
St. Cuthbert's,	6,675	0	18	36,791	45,688	82,479
Canongate,	680	1	18	4,927	5,874	10,801
North Leith,	517	2	39	4,059	4,804	8,863
South Leith,	2,265	1	10	11,525	12,601	24,126

The accommodation is as under:—

	Male Beds.	Female Beds.
Royal Infirmary, including Fever House,	272	264
Royal Maternity Hospital,	–	26
Eye Infirmary,	4	4
Lock Hospital,	29	22
Male beds,	305	
Females beds,		316
Total,	621	

The proportion of beds to the population of this city is as one to every 312½ persons. The special hospitals are only two, the Maternity and the Eye Infirmary.

Glasgow Parliamentary Borough, according to Martin's map, has an area of 4,939 statute acres; population, male, 154,930; females, 174,167; total, 329,097.

The hospital accommodation consists of—

	Male Beds.	Female Beds.
Royal Infirmary, including its Fever House,	370	180
Eye Infirmary,	12	12
Lying-in Hospital and Dispensary,	–	11†
Lock Hospital for females only,	–	35
Male beds,	382	
Female beds,		238
Total,	620	

* As proposed to be resumed by the Commissioners. † This number is often doubled by "shake-downs" on the floor.

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From this it appears that the proportion of hospital beds to the population of this city is as one to every 530⅔ persons.

The Royal Infirmary is the only general hospital; and the other three have the speciality which their names imply.

From this analysis of the population, acreage, and hospital accommodation of the four capitals of the United Kingdom, it appears that—

London has	30⅓	persons to every acre,	and	528⅓	persons to every hospital bed.	
Dublin	3⅔	"	"	208⅔	"	"
Edinburgh	18 1/10	"	"	312⅓	"	"
Glasgow	66¾	"	"	530⅔	"	"

It must not, however, be forgotten that each of the Poor Law districts or parishes of those Cities have connected with them their own proper infirmary, which in the London districts furnish 4,281 beds; Dublin districts furnish 1,887 beds; Edinburgh furnishes 210 beds; Glasgow furnishes 686 beds.

The Dublin hospitals have been arranged by Dr. Hill, Poor Law Medical Inspector, in a very clever, simple paper, laid before the Select Committee on the Dublin Hospitals of 1854, under three classes, in reference to the sources from whence they derive their income. Agreeing generally with his classification, it is, however, more convenient on the present occasion to increase the number of the classes, and to alter their sequence.

In the class of "Hospitals not having presentments or other public funds," Dr. Hill includes four—Sir Patrick Dun's, Anglesey Lying-in, National Eye Infirmary and General Dispensary, St. Vincent's, and Drumcondra Whitworth Hospital. Of these the Anglesey Lying-in Hospital has not the least pretension to be called a public hospital; it is simply a house, consisting of a number of very dirty rooms, some only of which have beds, and of which the other furniture is very scanty and unfitting. For this so-called accommodation, the women received into the house pay the sum of *five shillings* to the proprietor master! Of St. Vincent's hospital no information, except that acquired by the observation and questioning of the Commissioners at their visit in September last, could be obtained, except that it is supported by voluntary contributions, and is under the superintendence of the Sisters of Charity. Application was made to one of the Medical Officers for a return of the cases in the house on the 9th July last, similar to that asked for and obtained from all the other hospitals in Dublin; but from this hospital it was *not* furnished. Of the character of the National Eye Infirmary and General Dispensary, the Commission acquired no personal knowledge, as it entirely escaped their recollection, and they did not visit it. From the little report published of it, it seems to be a health-house, with "five well ventilated and commodious wards, with experienced attendants," attached to an eye dispensary. It is supported in part by subscription, and in part by the payment of a guinea a month in advance by persons who require, "with advice and medicine, the comforts and attention which are rarely to be found in their badly ventilated and overcrowded houses." Neither was the Drumcondra Whitworth Hospital visited; it is stated to be supported principally by voluntary contributions, and receives pay patients only.

Sir Patrick Dun's Hospital, the next most noble foundation after Steevens', and like it endowed with the property of a physician, by Act of the Irish Parliament, but contrary to his directions, is *seemingly* the only hospital supported by its own resources. Such, however, is not the case; for at the present time it receives, in addition, money from the pupils, and payments from private patients at the rate of 12*s.* 6*d.* a week. And though it does not now receive any Parliamentary assistance for its support, yet it did in the early part of its existence, as shown by Dr. Cleghorn's Report to the Commissioners of 1809, in which he says, that "although not mentioned in the Act of Appropriation, it was well understood that a part of the grant made in the year 1807 was intended for the maintenance of patients, which * * * amounted to £1,062 19*s* 2*d.*" But indeed the statement of this Hospital being self-supportant, or independent of Parliamentary assistance, requires a little closer looking into; and it will then be found that if an annual Parliamentary grant has not been voted to it, the simple reason is, that Parliament at several times voted sums of money towards the erection of the building, amounting altogether to £36,175, and, therefore, really endowing it with a perpetual annual income about as large as that voted annually to the Meath Hospital, as will be shown hereafter, which can be neither suspended, diminished, nor withdrawn—as can, has been, and is done, with the other hospitals, which have received, or still continue to receive, Parliamentary aid. The income of this Hospital in the year 1853 amounted altogether, from pupil money, subscriptions, income from invested property, and from landed and house property, to £1,384 15*s.* 9*d.*, of which the landed and house property produced only £950—a sad falsification of Dr. Cleghorn's presumption:—"In the years 1817 and 1820, by the falling-in of leases a further rise in the land may be expected, which will raise the value of the whole estate to nearly £4,000 per annum; which will be more than adequate to maintain the number of patients which the Hospital is calculated to hold. When the estate can afford it, the surplus fund which will remain *after maintaining the Hospital, &c.*, will be applied, agreeably to the Act of Parliament, in maintaining new Professorships and to increase the Library." Neither of these desirable results have yet been arrived at. The Hospital *income* is that just stated; and the Hospital *inmates* were, at the Commissioners' visit in June last, 40. They were informed that the number of beds was about 80;

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that in winter 60 or 70 of these were occupied, but in summer only from 40 to 45. In the Report furnished to them of the cases in the house on 9th July last, the number was thirty-three; and in a like Report for the 1st November last, it was only twenty-four. But it is stated that "this is lower than the average, and arises from the period for which the return is made being immediately antecedent to the reception of patients for the clinical wards, and being the first day of the winter session (J. Mullen, Registrar)." This also presents a very curious state of things when compared with the "150 beds, including the beds in the private wards," reported by Dr. Hill as available in that Hospital on 1st February, 1854.

The next class are those "Hospitals which have City Presentments" in proportion to the subscriptions they obtain from the public: thus increasing the income they derive from funded or other property, of which they are possessed by donation, bequest, or surplus saving. Of this class there are three—the Coombe Lying-in Hospital and Dispensary, the City of Dublin Hospital, and St. Mark's Ophthalmic Hospital, severally founded in 1826, 1832, and 1844. These have attained their very important positions among the Medical establishments of Dublin, by the untiring zeal and activity which their Medical Officers and managers have displayed in the professional conduct of those institutions, and in obtaining subscriptions for their support. It is, therefore, only justice to state that in 1853, the—

City of Dublin Hospital collected by subscriptions and donations the sum of £788 4*s.* 5*d.*, an amount more than twice as much as those severally by the Meath or Coombe; seventeen times as much as those raised by Steevens'; and only £78 8*s.* 6*d.* less than the whole income from every source of Mercer's Hospital.

Coombe Lying-in Hospital collected by subscriptions and donations, varying from 2*s.* to £25, the sum of £349 15*s.* 4*d.*; a sum only £14 less than the Meath subscriptions, but a fifth more than those obtained by the Fever Hospital, and nearly five-sevenths more than those of the Jervis street Hospital; and exceeding the subscriptions of £158 0*s.* 4*d.* to the Rotunda Lying-in Hospital, by £191 15*s.* And this is a hospital of little pretension indeed, as to external appearance and internal accommodation, yet doing immense good in a most wretched neighbourhood, which was stated before the House of Commons Committee to be "a private institution, a mere private speculation," although it had forty male and three female pupils, or nearly half the number of those who attended the magnificent wards of the Rotunda.

St. Mark's Ophthalmic Hospital collected by subscriptions and donations the sum of £302 14*s.* 6*d.*; as much as Jervis-street, a little less than twice as much as the subscriptions to Mercer's, and more than double those of Steevens'.

Proofs these that the Dublin people want only a little gentle urging to support institutions which, whilst affording most excellent service to the sick and injured poor, promote also the general health of the community, and bring "the blessing of him who was ready to perish" upon their kind patrons.

The next class of Dublin Hospitals are those which "receive Parliamentary grants besides Grand Jury or City Presentments," in some instances accompanied with payment for special patients, in addition to their fixed income derived from landed and funded property, and from annual subscriptions.

Mercer's, and Jervis-street Hospitals, } each have received { £44 10*s.* 11*d.* Parliamentary grant. £200 City presentment.

Incurables, £394 9*s.* 6*d.* Parliamentary grant; £200 Grand Jury presentment.

Meath, £688 Concordatum Fund; £533 Grand Jury presentment.

As to the subscriptions obtained by these Hospitals in 1853, Mercer's received £62 8*s.* 11*d.*, Jervis-street £102 17*s.*, and Meath £365. The Incurables did not receive any subscription.

The Meath Hospital and County of Dublin Infirmary differs from all the other Dublin Hospitals, in being, as its name implies, a County Infirmary also; and, like other County Infirmaries, receiving, as such, an annual presentment from the county of Dublin, together with £100 a-year from the Government for the payment of the salaries of the physicians and surgeons, as county officers; which sum, however, they have never received from the junction of the Meath Hospital with the County of Dublin Infirmary in 1773 to the present time. This seemingly very generous arrangement obtained, however, for the medical officers an invaluable and very important privilege, which they probably desired, as the medical officers of Mercer's already possessed it, to wit, the *exclusive power of appointing their successors;* and as the precise number of physicians and surgeons to the institution is neither mentioned nor determined, there is not any reason why the Meath and County of Dublin medical officers should not also assume the power enjoyed by those of Mercer's, to increase their medical staff to whatever number they might choose. The junction of the Hospital and Infirmary was made by the Act of 13th and 14th George III., and this great privilege granted to the then physicians and surgeons, in consideration of their having attended the (Meath) Hospital gratuitously for seventeen years, and having largely assisted in obtaining the funds for its erection. On these grounds *they* had their desire affirmed to appoint *their* successors; and this practice has been continued ever since, though it may be questionable whether the framers of the Act intended to give the medical officers in perpetuity such complete control over the establishment. This hospital has another very important advantage, alike to one enjoyed by Steevens' Hospital, though for a different purpose, which will presently be adverted to. In 1826 and 1827, when epido-

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mic fever was very severe in Dublin, wooden sheds were pitched within the grounds of this hospital for the accommodation of 200 fever patients, who, as they became convalescent, were moved into the unoccupied wards of the hospital itself, which wards contained *thirty-six beds*. It must be presumed that those wards were empty for want of funds, and that the then managers thought it a fitting opportunity to obtain a further Government grant, by giving up to the public, for a consideration, these unoccupied beds. That such was the case, is shown by the following extract of a letter from the Chief Secretary (Right Honourable William Lamb, afterwards Viscount Melbourne), in which he refers to an application from the managers of the Meath Hospital and County of Dublin Infirmary, through their secretary, to the Lord Lieutenant, "suggesting, by their directions, that thirty-six beds be retained in the Meath Hospital for the accommodation of persons affected with fever, the probable annual expense of which is estimated at £551 14*s.* 4*d.*" And the letter goes on to state, that with "his Excellency's approbation," . . . "these thirty-six beds are to be placed at the disposal of his Excellency, to be occupied in such manner as may appear best adapted to prevent the spreading of fever in Dublin; and that no charge shall be made except for those beds, which shall be occupied by fever patients, as the *sum to be granted* is to be applied exclusively to the support of these patients. * * * The arrangement is to commence on the 5th January next, 1828.

"October 29, 1827." "WILLIAM LAMB.

The Rotunda Hospital, for the relief of poor lying-in women in the city of Dublin, the Cork-street Fever Hospital and House of Recovery, and Steevens' Hospital, form a class "not receiving either county or city presentment, but having grants of various amount from Parliament:" thus the Rotunda had £600, Steevens' £1,050, and Cork-street £2,660, in addition to their income, part of which is derived from landed and funded property, and part from some peculiar payments made to each hospital. Thus the Rotunda receives fees from female pupils, and also from patients; the Cork-street from the Guardians of the South Dublin Union, who send in a large number of fevered paupers at 1*s.* 6*d.* each a day; and Steevens' derives about one-fourth of its *whole income* from Government, as payment for the support and medical treatment, at 1*s.* 2*d.* a-head daily, of the constabulary who are sent up from all parts of the kingdom to that institution. Many of these constabulary cases are venereal, and occasionally they are fever cases; but neither for one or other are there particular wards, but the cases are placed where beds chance to be vacant; and there is *no record of any spread of fever through the constabulary wards*, or, indeed, in either of the other medical wards, although the cases of fever that chance to be admitted are necessarily distributed among the other patients, as there are not any special fever wards.

The House of Industry Hospitals, to wit, the Whitworth, Hardwicke, and Richmond, to which must be added the Lunatic establishment (as, owing to the mode in which the accounts have been long kept, it is stated to be impossible to separate the annual expenses of each establishment from the other), form a class differing from *all* the other Dublin hospitals, in being, with the exception of the small annual sum of £136 5*s.* 10*d.* from bequests, supported entirely by Parliament at a cost of about £10,000 a-year, and hitherto under the entire control of the Poor Law Commissioners.

The Lock Hospital, like so many other hospitals in Dublin, owes its foundation to the sole efforts of a medical man, Surgeon Doyle, in 1755; and, after various removals, found itself occupying the Buckingham Hospital, on Donnybrook road, but in 1792 exchanged with the Hospital for Incurables, for their house in Westmoreland-street, which it now occupies, the Government having in that year determined to establish a venereal hospital, to contain 300 beds, and to be called after the then Lord Lieutenant, the Westmoreland Lock Hospital. The government of the establishment was in a Board of five physicians and nine surgeons: and the medical staff consisted of two attending physicians and ten attending surgeons, five of the latter to attend for two months in rotation, all the patients being divided among them, and assisted by ten public dressers, who were changed half-yearly. These appointments were without fee or reward; but an experience of four years showed this did not work satisfactorily, and the governing Board therefore memorialized the Lord Lieutenant (Lord Camden), who appointed, in consequence, two senior surgeons, with salaries. The provision made by Government was, from the first, exceedingly liberal; the expenditure from November, 1792, to March, 1795, was £5,720 13*s.* 0½*d.*; but from that time to 1802 it had increased, varying between £3,891 18*s* 2*d.* and £6,311 10*s.* 4¾*d*; by the year 1805 it had reached £7,111, and in 1808 had mounted up to £9,019. From this time the expenditure, which had been defrayed by Parliament, began to be watched more narrowly, and in 1823 had been reduced to £2,606, and in 1853 was at its lowest, £1,250. The result of the favouritism bestowed on this hospital was unsatisfactory in the extreme, as shown by the Reports of the Commissions which again and again have had to inquire into the condition of the Dublin Hospitals. Up to 1821 the hospital received constantly 100 male and 150 female patients, and medical students were allowed to attend its practice; so that, according to the memorial presented by the Board of Management to Lord Camden in 1796, "every surgical student in Dublin" might have "an adequate opportunity of becoming acquainted with the most approved treatment of the venereal disease." In that year (1821) the male wards were shut up, and only 150 women received, and the medical pupils forbidden attending the hospital practice any longer—a prohibition continued till the present time, and affixing a slur upon the character of the Dublin medical students, which it seems surprising their teachers should not have taken pains to remove by insisting on the needfulness of their seeing the venereal disease in both sexes, which, under proper management of patients and pupils, might be as

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easily carried out as in London, for perfecting their professional education and fitting them to treat the numerous females of this class who are found in the workhouses, infirmaries, and gaols of every part of Ireland. The Commissioners have expressed their opinion of the advisability of pupils, under certain regulations, witnessing the practice of this hospital, in the body of their Report.

The continuance of the restriction of admission of female patients only into this institution having been determined, it is recommended that the present number, 40, should be increased to 150. This appears amply sufficient for the relief of this class of women in Dublin, which, according to the Police Report of 1853, amounted to 1,128, or about one bed to every 7½ prostitutes. Now, if the number of this class of persons be compared with those in the metropolitan police districts of London,* amounting to 7,443, and the 157 beds, which is the total accommodation for them in the London hospitals, that is, about *one* bed to every 47⅓ persons, with those in Edinburgh and Leith,† estimated at 427, with 22 beds in the Edinburgh Lock, or *one* bed to every 19$\frac{8}{22}$ women, and with those of Glasgow,‡ amounting to 1,047, and 35 beds in the Glasgow Lock, or *one* bed to every 29$\frac{29}{35}$ women, it will be quite clear that the Dublin prostitutes are much better provided for by 5½ times than those of London, Edinburgh, and Glasgow together.

With regard to the Hospital for Incurables and the Lunatic Asylums in Dublin, any consideration of them here would be out of place, as they are not connected with the present matter.

The Medical and Surgical Officers of Hospitals are too important members of such establishments to be passed unnoticed in an Inquiry like that to which attention is directed, whether they be considered simply in their relations to the patients, or to their deeply responsible duties as professional exemplars and teachers to their younger brethren. Upon their public reputation, even among the poor, depends that of the hospitals to which they are attached; and generally, though not always, the number of pupils who resort to them for instruction, is in just relation to the attention bestowed by them, not less on the patients, than on the students. Nor is the clinical instruction of the hospital the only bond between its medical and surgical officers and their pupils. Almost invariably a large portion of these officers are, most properly, further engaged in systematic teaching, by lectures on the various subjects belonging to, or connected with medical science, in schools more or less closely connected with hospitals, and thus there is a mutual reflection of the interests and well-being of the one on those of the other. For an able lecturer on systematic Medicine or Surgery is pretty sure to carry with him to his own hospital those pupils who, having felt the benefit of his elementary teaching in the lecture-room, are desirous of seeing its verification and confirmation in his hospital practice.

The large size of the medical and surgical staff of the Dublin hospitals,§ comparatively with the number of patients which those institutions either actually accommodate or are capable of accommodating, is, with the exception of the three largest, very striking; and it is almost impossible to understand why so large staffs should have been created, as they are out of all proportion to the number of patients, and consequently cannot derive the full advantages which hospitals properly officered can afford; for with the small number of patients they do really receive, as proved by the returns, the medical and surgical officers, if having patients at all times, can scarcely have more than *ten or a dozen;* or if they divide themselves into sections, and serve the house by *rota*, a considerable portion of the year they must be without patients, and have for the time no further connexion than by name. Thus, Jervis-street, with eighty beds available, of which fourteen are medical, and forty-five surgical, has *two* physicians and *seven* surgeons; the Meath, with 100 beds available, though not all occupied, has *two* physicians for fifty-one medical, and *six* surgeons for fifty-three surgical beds; and Mercer's, with fifteen medical and forty surgical beds only in constant use, has *one* physician and *four* surgeons. The contrast which the three largest Dublin hospitals, though very amply provided with medical and surgical officers, presents, shows the unneedfulness of so numerous staff. Steevens' Hospital, with 54 medical, and 160 surgical beds,‖ has constantly attending only *one* physician and *three* surgeons, all indeed *nominally* assistants, but *in reality* doing the work. Of the House of Industry Hospitals, the Hardwicke and Whitworth, with 202 medical beds, have only *four* physicians; and the Richmond, with 110 surgical beds, has *four* surgeons; all of whom have at all times their proportionate share of patients, and never go out by *rota*. Lastly, the Cork-street Hospital, with 216 medical beds, has only *two* physicians, who are fully sufficient for the service of their hospital.

The manner of appointing these Medical and Surgical officers is different in most of the hospitals. The physicians and surgeons of the House of Industry Hospitals are appointed by Government; those of Sir Patrick Dun's by some of the officials of the College of Physicians, with the concurrence of certain of the Trinity College officials; those of Steevens' by a Board of Management, which elect one another, and, generally, include some of their own medical staff, who thus become, in part, the electors of those who are to become, what, in their professional character, they themselves are, the servants of the Board of Management. At Mercer's the Act of Parliament by which it was established gives the *power of electing their colleagues to the medical and surgical officers alone,* and also the remarkable privilege of determining the *extent to which the staff shall be increased or diminished.* The Meath Hospital, incorporated with the County of Dublin Infirmary, and thereby becoming, in reality, a County Hospital, is, as such, entitled to £100

* Returns of London Metropolitan and City Police, 1851.
† Returns of Edinburgh and Leith Police, 1856. ‡ Returns of Glasgow Police, 1849.
§ See Appendix, No. 8. ‖ Including the Ward of Mixed Cases.

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a-year, out of the County revenues, for the payment of the surgeon; but on the passing of the Act which united the two establishments, the then medical and surgical staff, with great shrewdness, gave up to the use of the hospital £100 annual salary, to which the surgeon of the County Hospital was entitled, for the *trifling consideration* of being empowered *to elect their colleagues*, a practice still continued. The medical officers of the Cork-street Hospital are elected by the subscribers, or a committee of them. The Master or principal physician's appointment at the Rotunda Lying-in Hospital is virtually bought, and the Master reimburses himself partially by the sale of the assistant-mastership, the previous holding of which is a necessary step to eligibility for buying the Mastership when vacant. The former part of this statement is verified by the Recorder of Dublin's letter to the Lord Chancellor;* and the reception of large fees for the three years' attendance as assistant-masters, according to the regulations of the Board of Management, is well known, which Board ostensibly elects the master.

The term for which the Medical and Surgical officers of the hospitals are elected varies. In some, as Sir Patrick Dun's and the Cork-street Hospital, the election is only for seven years; in the former the re-election may be repeated without limit, in the latter there can be only one re-election of the same individual. In other hospitals the election is for life.

The mode of remunerating the physicians and surgeons differs in the several hospitals, and even in the same hospital occasionally. The remuneration arises partly out of salary derived either from Government or from the hospital property, in addition to which the pupil money received at each hospital is either wholly or in part divided among the medical and surgical officers. The physicians of the Hardwicke and Whitworth receive, specially, salaries from the Government grant on account of the assumed risk to which they are subjected by their attendance on the fever cases in the Hardwicke; the two seniors receive £100, and the two juniors £60, a-year. The two permanent physicians of the Cork-street have a salary of £100 a-year each. At Steevens' Hospital *the* physician receives a yearly allowance, with the name of "coach-hire," and which has been given from the foundation of the hospital—at first, only to the amount of £10, which, however, has since been raised, and amounts to £28 1*s.* 3*d.* sterling, the equivalent of £30, Irish. The *two surgeons*, each receive £9 10*s.* or £10, Irish, the same sum originally allotted to them as "coach-hire." The assistant physician and the three assistant surgeons, who, as has been already mentioned, *do* the work, have *no* coach-hire. The Master of the Rotunda Lying-in Hospital, although receiving only a yearly-money allowance of £9, for coals, has the equivalent to a salary of £100, in a handsome suit of apartments in the house. The *two surgeons* of the Lock Hospital also receive salaries.

The principal source of remuneration to the medical and surgical officers arises, however, from the fees received from the students witnessing the hospital practice, and which are divided among the physicians and surgeons. At Sir Patrick Dun's, however, a portion of each fee is carried to the hospital-funds ward for its support. At the Rotunda Hospital, and also at the Coombe, the Master of each receives *all* the fees,† which at the former amount to a very considerable annual sum. At the Cork-street the physicians have, of late years, been permitted to have some pupils; but at the Lock none have been allowed since the admission has been confined to females.

The duties of the physicians and surgeons connected with the hospitals are, first and foremost, the diligent and skilful treatment of the patients for whose benefit, with but two exceptions, these establishments were originally founded; and the more earnestly this is conducted the more personal benefit do those officers enjoy, by acquiring practical experience, proportionate to the number of patients entrusted to their care; and this opportunity of witnessing and treating disease, and the reputation assumed to be derived from it, together with the pecuniary profit therefrom accruing, has been held sufficient compensation for the toil, anxiety, and danger to which the medical and surgical staffs of hospitals are exposed. That men, earnest in the pursuit of professional knowledge, are in early life anxious to obtain such appointments, even without pay, and that, after having been long connected, feel great indisposition and almost repugnance to be separated from establishments in which they have acquired large experience, and are still daily acquiring more, is no reason why they should work without pay more than the members of any other profession. Nor is there better reason for assuming that if they had salaries they would work less diligently. Nor if the income of the hospital be sufficient to remunerate them is there reason for their being left to the uncertain emoluments derivable from the students attending on their practice, which is the principal in all, and the sole source of remuneration in most of the Dublin hospitals. Under any circumstances, however, the instruction of pupils at the bedside is as important a duty of the medical and surgical officers as is the treatment of the patients. But the duties of these teachers are not to be confined simply to hospital instruction. This professional Syntax, as it may be justly styled, requires a previous knowledge of the professional Accidence; and this is to be acquired not in the hospital wards, but in the dissecting and lecture rooms, where the elementary part of medical and surgical knowledge is to be obtained. Hence it is that hospital physicians and surgeons assume the office of teachers of those branches of elementary medical science, and of the subjects allied to it, in which they consider themselves most competent; and, inasmuch as the full illustration and verification of the teacher's statements can only be carried on and perfected at the bedside, hence arises the advantage to the pupil of attendance on the hospital practice of the same teacher from whom he has acquired his elementary professional knowledge.

With one single exception there is not in Dublin any attempt at a direct combination of elementary instruction with the practical and clinical teaching of a hospital. There is

* Appendix, No. 4, p. 39.

† Only half the fees paid by female pupils are received by the Master of the Rotunda Hospital.

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no lack of able teachers in Dublin; but instead of the elementary schools being within the precincts or in the immediate neighbourhood of the hospital, from the officers of which the teachers are selected, the schools are in general at a distance from the hospitals, and the professors in them usually obtained from several instead of from one and the same hospital;* consequently the pupils are unable to enjoy as they ought the advantage of witnessing the practical illustrations of the doctrines inculcated on them at lecture, even, indeed, if the opinions of their teachers be not combatted, instead of confirmed by the physician or surgeon not belonging to their own school, whose hospital practice they attend.

The disadvantage of the absence of immediate connexion between the elementary and dogmatic, and the clinical and practical teaching, seems to have pressed itself upon the attention of the King and Queen's College of Physicians, for the Act of the 25th George III., c. 42, *An Act for Establishing a Complete School of Physick in this Kingdom, (Ireland)*, after the appointment of three instead of one King's Professor, and three University Professors, and the direction that "proper rooms should be provided in the said (Trinity) College for giving the said lectures," proceeds, "and whereas clinical lectures are highly necessary for promoting the success of the School of Physick, be it enacted by the authority aforesaid, that the said several professors shall alternately give the said clinical lectures, &c.," and "that until an hospital can be provided for giving the said clinical lectures, the President, or in his absence the Ex-President and Fellows of the said College of Physicians are hereby authorized to appoint the said clinical lectures to be given in such hospital or hospitals in the city of Dublin as shall be found most convenient for that purpose." To carry on this plan, an arrangement was made with the Governors of Mercer's Hospital, and four of their wards were set apart for clinical teaching by the King's and University Professors. This connexion continued for about six years, but was then broken up in consequence of some dissatisfaction about the treatment of a case; and the Governors resuming their wards, the pupils lost the benefit of clinical instruction. The College of Physicians, therefore, determined on building a hospital, and mainly, it is believed, by the influence of Dr. Robert Percival, induced the Irish Parliament to pass the Act 31st George III., c. 185, *An Act to explain and amend an Act* entitled *an Act for establishing a Complete School of Physick in this Kingdom (Ireland)*, by which the annual surplus of Sir Patrick Dun's property, after paying the King's Professor on his foundation, was directed to be applied to the building of a hospital. This surplus was, however, found quite inadequate to build a hospital with only *thirty* beds; and, consequently, repeated applications for assistance were made to Parliament, which, from time to time, voted grants of money till a hospital arose capable of accommodating not merely *thirty*, but *one hundred and fifty beds*, with the addition of apartments for a museum, library, and for the meetings of the King's and Queen's College of Physicians, perhaps in their character of trustees of Sir Patrick Dun's property.

The same inconvenience of an elementary school without an associated hospital for the illustration of disease, has of late years been felt by the School of Surgery of the Royal College of Surgeons of Ireland, and led to the foundation of City of Dublin Hospital in connexion with it. In 1831, at a meeting of the College, it was resolved, "That it would be expedient to found a Clinical Hospital, in connexion with the College of Surgeons." But impediments as to the application of the corporate funds to such purpose prevented the resolution being carried out by the College. The matter, however, did not fall to the ground, for six of the ten Professors of the School of Surgery attached to the Royal College, which six were unattached to any hospital, determined to establish a Clinical Hospital, virtually for the clinical teaching of the College School, though strictly speaking it could not be called *the* College Clinical Hospital. Their exertions met with great encouragement, and the City of Dublin Hospital was opened in the following year, and receives, as already mentioned, very liberal support from subscriptions, which are obtained by the energy of those connected with it; and gives proof that the inhabitants of Dublin might, with a little more painstaking, be induced to give greater countenance to other important medical institutions in great need of it.

The Elementary Schools of Medicine and Surgery, at the present time existing in Dublin are six in number, of which the School of Surgery at the Royal College of Surgeons, and the School of Physic at Trinity College, must be considered public, whilst the others are private.

The first attempt at forming a Medical School seems to have originated with the Provost and Senior Fellows of Trinity College, who in 1710 set apart ground for the erection of an Anatomical Theatre and Laboratory within their precincts, which were opened in August of the following year, when Dr. Robinson and Surgeon Green were appointed "to officiate in the Anatomy School as Lecturer and Anatomist," which was probably the first of the "three lectorships many years since established in the University of this Kingdom (Ireland) for the teaching of Anatomy and Surgery, Chymistry and Botany," referred to in the Act of the 25th George III.

The actual foundation and endowment of "a complete School of Physick in this Kingdom" arose, however, out of the noble bequest by Sir Patrick Dun of his whole property "for the establishing a Professor of Physic in the College of Physicians in Dublin, be it by Act of Parliament or otherwise howsoever." He died in 1714, and in 1715 a charter was obtained incorporating the Professorship, and appointing perpetual succession, under the title of "the King's Professorship of Physic in the city of Dublin;" and Dr. Griffith was elected first Professor. The property had been left to Lady Dun for her life, and for a time she and the College of Physicians seem to have gone on smoothly; but disputes arose, and

* Appendix, No. 8.

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Chancery proceedings were had recourse to, the result of which was that in 1740, the College was appointed trustee by the Court. In consequence of the expected increased value of the property on the expiration of the leases at Lady Dun's death (which, however, did not happen till 1748,) the College determined to carry out Sir Patrick Dun's plans still further, and obtained in 1741 an Act of the Irish Parliament 15th (not 21st, as generally quoted,) George II., entitled "An Act for vacating the office of King's Professor of Physic in Dublin, upon the death or surrender of the present King's Professor, and for creating three Professorships of Physic in the said city instead thereof." From some unaccountable cause or other this Act was *never* printed, and consequently is not to be found in any edition of the statutes. A bill, however, bearing this title is mentioned in the Journals of the Irish House of Commons, as having received the Royal assent, on 15th February, 1741. Probably a copy of it may exist in the archives of the College of Physicians in Dublin, as Mr. Wilde, in his "Memoir of Sir Patrick Dun,"* speaks of having perused these documents, and quotes from "the scheme which I intend to have observed for the establishing a Professor of Physic in the College of Physicians in Dublin," which Sir Patrick mentions in his will, and which is recited in the Act; wherein "he declares it was his desire and intention to make provision for one or two Professors of Physic, and for reading public lectures, and making public anatomical dissections of the several parts of human bodies, or bodies of other animals, to read lectures on osteology, bandaging, and operations of chirurgery, to read botanical lectures, demonstrate plants publicly, and to read lectures on *materia medica*." There, however, the matter rested for some years, and was perhaps only roused again by the Surgeons of Dublin beginning to feel the necessity of corporate association, for the purpose of improving and directing the education of the members of their special branch of the profession, as well as to obtain for it such station in society as its importance fully entitled it to assume, when properly qualified.

Up to the year 1784 there was not any examining body in Dublin which could grant a diploma in Surgery. The University of Dublin or Trinity College *never assumed, at that time, any right or power to make Surgeons*, and indeed does not appear to have taken any interest in the matter. There was not any College of Surgeons; and those civil Surgeons who had passed examinations, and obtained diplomas in Surgery, had obtained them from foreign countries, and, doubtless, were few in number. The only examination of any kind was one held for testing the qualifications for aspirants to the army medical appointments, and conducted by a Board consisting of the Surgeon-General and some of the Surgeons of Steevens's and Mercer's Hospitals.

With a view to remedy this unsatisfactory state of affairs, specially in reference to the Civil Surgeons, and hardly less in regard to the Military Surgeons, some of the leading surgeons of Dublin—among many may be mentioned, especially, Mr. Henthorn and Mr. Dease—presented to his Majesty, King George III., a petition setting forth "That the public sustains great injury from the defects in the present system of surgical education in Ireland; and that the regularly educated surgeons of the city of Dublin found themselves incompetent (from the want of a charter) to establish a liberal and extensive system of surgical education in Ireland,"† and praying to have the grant of a charter. The result of this application was the establishment, by charter, dated 11th February, in the twenty-fourth year (A.D. 1784) of the reign of King George III., of the Royal College of Surgeons in Ireland. On the 2nd March following, the members named in the charter held their first meeting as "THE COLLEGE OF SURGEONS," at the Rotunda Lying-in Hospital, and immediately proceeded to the establishment of their SCHOOL OF SURGERY, and to the appointment of six professorships in it, to wit—

Anatomy and Physiology.	Surgical Pharmacy.
Theory and Practice of Surgery.	Midwifery.
Practice of Physic.	Botany.

The school was first carried on in Mercer-street, and there continued till 1811, when it was removed to the School Buildings, at the back of the house of the Royal College, in Stephen's-Green, upon the erection of which, and for the ground on which it stands, the Imperial Parliament has voted, from time to time, sums amounting to about £40,000, which very nearly amounts to the sums that have been voted to the English Royal College of Surgeons, at various times, for building and rebuilding their College and Museum, for the reception of the Hunterian Collection, which, though still the property of the public, is wholly sustained from the funds of the College, which are in fact only its curators.

That the Royal College, by its institution of a School of Surgery, at *that particular time*, did the Irish surgeons in particular, most important service, as without its assistance, at that period, it would have been impossible to carry on such an undertaking, there can be no doubt. And in regard to the Medical School of the University and the College of Physicians, it seems fair to presume it (the School of Surgery) had some influence, as the events of the following year indicate.

Excited thus by the establishment of a School of Surgery in Dublin, the Trinity College authorities and the College of Physicians appear to have thought it advisable that their several incomplete teaching establishments should be amalgamated; and form for the medical branch of the profession, a school, like that which the College of Surgeons had instituted for their branch. Accordingly, in 1785, an Act was obtained from the Irish Parliament, the Act 25th George III., c. 143, entitled "*An Act for Establishing a Complete School of Physick in this kingdom (Ireland).*" By this Act the three Professorships of the Act of

* Dublin Quarterly Journal of Medical Science, Vol. II., p. 291. † Preamble of Charter, 24th Geo. III.

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15th George II., were abolished for the reason that lectures on surgery and on midwifery had been given in Trinity College from the passing of that Act; consequently, two professors on the same subject were unneeded, and that the lecturers on physic, both the theory and practice, which, under that Act had been given by one professor only, furnished ample and fitting materials for two teachers. The Act of the 15th, therefore, ordered in their stead "a Professor of the Institutes of Medicine, a Professor of the Practice of Medicine, a Professor of the Materia Medica and Pharmacy, and a Professor of Natural History; and that it shall and may be lawful to and for the President and Fellows of the King's and Queen's College of Physicians in Dublin, whenever they shall think proper, and the funds shall permit, to add to the said professorships a Professor of Midwifery, which said professors shall be called *the King's Professors in the City of Dublin on the foundation of Sir Patrick Dun.*" The electors to these professorships were to consist of three members of the College of Physicians, chosen by ballot, together with the Provost or Vice-Provost of Trinity College, and the Professor of Physic in the said College of Dublin; and neither of these electors were to be eligible into any of the said King's Professorships. It was also enacted "That such Professor, by whom different branches shall be taught, shall not receive any greater salary than the yearly sum hereinafter to be paid of £100." The University contributed its share of professors in the following manner:—"And whereas, three lectorships have been for many years established in the University of this kingdom for the teaching of anatomy and surgery, chemistry and botany; be it enacted there shall be three Professors in the University of this kingdom, which shall be called University Professors, that is to say, a Professor of Anatomy and Surgery, a Professor of Chemistry, and a Professor of Botany," which "University Professors shall be supported at the expense of the said University," and "shall be elected in the usual and accustomed manner by the Provost, or, in his absence, by the Vice-Provost, and Senior Fellows of Trinity College, Dublin." And it was further enacted "that every professorship (both King's and University) mentioned in this Act, shall become vacant at the end of every seventh year from the date of the election;" but "at the expiration of the said seventh year, the same Professor may be again elected." The King's Professors were to be subjected to the control of the President and Fellows of the King's and Queen's College of Physicians, and the University Professors to that of the Provost and Senior Fellows, or a majority of them, of Trinity College, Dublin. In addition to their special subjects, the several professors were ordered, alternately, to give clinical lectures in such hospital or hospitals in the city of Dublin, as shall be found most convenient. Up to the time of this Act the lectures had been delivered in Latin, but henceforward they were ordered to be read in English.

Under these arrangements, with elementary and clinical teaching, the School of Physic continued for some years; for the Act of the 31st of George III., already referred to in connexion with the establishment of an hospital out of the surplus proceeds of Sir Patrick Dun's estates, did not make any alteration in regard to the professorships.

In 1800, however, on the petition of the President and Fellows of the King's and Queen's College of Physicians to the Irish Parliament, "that various difficulties had arisen in carrying the said Acts of the 25th and 31st of his present Majesty into execution, by the manner of framing the same; that several of the provisions of the said Acts appear from experience to be now unnecessary, and others imperfect, and therefore that it is expedient and necessary for the good government of the said College, and for the advancement of the said School of Physic in the science of medicine, to alter and amend the said Acts," they obtained the Act of 40th George III. c. 84, *An Act for repealing an Act passed in the twenty-fifth year of his present Majesty*, entitled, *An Act for establishing a complete School of Physic in this Kingdom; and also repealing an Act passed in the thirty-first year of his present Majesty*, entitled, *An Act to explain and amend an Act for establishing a complete School of Physic in this Kingdom, and also for extending and enlarging the powers of the President and Fellows of the King's and Queen's College of Physicians, and establishing a complete School of Physic in this Kingdom (Ireland).* The change effected by this Act in reference to the professorships, consisted in dropping the Professorship of Natural History, to which from its institution none had been appointed, and giving power to "the President and Fellows of the King's and Queen's College of Physicians in Ireland, whenever they shall think proper, and the funds shall permit, to add to the said professorships, a Professorship of Midwifery, which said professorships shall be called the King's Professors in the City of Dublin on the foundation of Sir Patrick Dun: each with an annual salary of £100, and no more, out of the clear yearly rents and profits of the real and personal estate of the said Sir Patrick Dun." The election of both these and of the University Professors was continued to the same parties as appointed by 25th of George III. This important regulation, however, was added in regard to the professorships—"that all the professors, whether University or King's Professors, who are Fellows of the College of Physicians, should forthwith be removed from their Fellowships;" but during their tenure of office they might be elected honorary Fellows, but not allowed to attend or vote in any meeting of the College, unless specially summoned by the President or Vice-President "to consult or vote only on matters which concern the regulating of the practice of medicine in this city or kingdom." This, it will be observed, is applying to the professorships the same principle as that laid down in the former part of the Act, in reference to the Medical Officers of the proposed Hospital: "no Physician or Surgeon who shall attend patients in the same, shall be capable of acting as a Governor of the said Hospital."

Every thing now appeared to be arranged in the best possible manner. The King's and Queen's College of Physicians, together with the University of Dublin, consisting of Trinity

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College, Dublin, which possessed a School of Anatomy, took especial charge of the medical branch of the profession, without showing the least disposition to make or license practitioners in surgery, which function was left to the Royal College of Surgeons, to whom it seemed naturally to belong, and who had endeavoured to foster their branch of the profession by the establishment of the SCHOOL OF SURGERY; the propriety of which was shown by the University of Dublin, that is, Trinity College, and the King's and Queen's College of Physicians, having in the next following year instituted a COMPLETE SCHOOL OF PHYSIC; the latter, however, having the superiority of clinical medical teaching, which, by the good management of Dr. Robert Perceval, had become a reality from the passing of the Act 40th George III., first at Mercer's Hospital, and afterwards in some private houses, whilst the building of Sir Patrick Dun's Hospital, which was destined as a Medical Clinical Hospital, was carried on. The School of Surgery had not however, ostensibly, any such Surgical Clinical School; though it is not improbable that Steevens' Hospital, *at that time*, did really answer that purpose, for its Surgeons *then* had from twelve to sixteen apprentices each, who lodged, the greater number of them, *in* the Hospital, not a few in the arched underground chambers, fit only for coal cellars, on the north side of the Hospital.

This Corporation teaching, necessary as it was at first, and invaluable as it was for many years to both physicians and surgeons in Dublin, was followed by the same results as in the Corporation teaching of London, as exemplified in that of the Surgeon's side of the London Corporation of Barbers' and Surgeons' Company previous to the separation of the two societies in 1774, and the establishment by charter of the Company of Surgeons. Up to that period Anatomy was professedly taught only in Monkwell-street, near Smithfield, where the Hall of the imperfectly amalgamated Companies, which sat one on the one, and the other on the opposite side, was situated, and where certain small "banatomies" were occasionally performed, with what professional advantage may be questionable, although the Reader in Anatomy was usually selected by the surgeons' side from among the College of Physicians of London. This plan of proceeding, however, was at last broken through by the youthful ardour of one who, by his ability as a lithotomist, acquired a world-wide reputation, and honoured the hospital, St. Thomas's, which was the scene of his success. William Cheselden established the first private school of Anatomy in London, and was speedily so successful as to rouse the fears of the amalgamated Company; and he was consequently visited with their displeasure, and forbidden to teach any further. This prohibition was, however, of very little consequence. The principle of private teaching was established, and was continued by Cheselden's successor, Joseph Else, at St. Thomas's Hospital, and within the hospital precincts, thus becoming the first hospital which linked elementary teaching with the practice of its wards. After the establishment of the Corporation of Surgeons their anatomical teaching became a sort of nothing. It is true a show of teaching was kept up by giving a lecture or two now and then upon the dead body of some executed felon; but teaching was a pretence, and, as connected with the Corporation, virtually ceasing, that body occupied itself only with the examination of candidates for its diploma, and wisely, as the result has proved; for although the examiners of the Corporation, and its present representative, the College, have almost invariably been selected from those who have been, or are, hospital surgeons and anatomical or surgical teachers, yet the checks to each other, arising out of their selection from various and occasionally competing schools, has been so complete, that no hint at unfairness in examination has ever been suggested, although the examinations are *not* open to the public, and although for the last few years an annual rejection of about *one-sixth* of the whole number of candidates seeking the diploma may be taken as an average.

The celebrated Henry Cline followed Else at St Thomas's; and about the same time Dr. Maclaren set up an anatomical school in Aldersgate-street, at which John Abernethy was taught; whilst the celebrated Dr. William Hunter had his school in Windmill-street. And thus private teaching was established in London; for although Cline lectured within the walls of St. Thomas's Hospital, as did Abernethy within those of St. Bartholomew's, yet were the schools *strictly* private property, and not interfered with by the Hospital Governors beyond appointing such partners or successors as the occupying lecturers recommended—an arrangement, with some variations, carried out up to the present time.

In like manner the system of private medical and surgical teaching sprang up in Dublin, where it is very extensively carried out; and the very largest elementary school in the city at the present time is a private one, and not connected with any particular hospital.

The present highly esteemed Surgeon-General, Sir Philip Crampton, Bart., opened the first private school of Anatomy and Surgery in 1804, in a hay-loft at the back of his house in Dawson-street, and next door to the Police-office in Duke-lane, and had a dissecting class often amounting to as many as forty pupils. He continued teaching with great success till 1812, when he was appointed Surgeon-General.

In 1808 Kirby established the Peter-street School, in which Mr. Cusack assisted as demonstrator. He was a very able teacher, and his became the great establishment for producing army surgeons. He collected a large pathological museum, which ultimately, in 1830, he gave to the Royal College; and, shutting up his own school, became Professor of the Practice of Physic there, but did not succeed. A revivification, however, took place, and about 1837 it was re-opened by Messrs. Ledwich, under the name of *The Original Peter-street School;* and although its museum is very small, and the means of teaching little more than the dead body, yet it has the largest number of pupils in Dublin.

In 1824 the Park-street School was opened by Dr. (now Sir Henry M., Bart.,) Marsh, Dr. Graves, Dr. Cusack, Dr. Jacob, and others; here, also, Dr. Houston was demonstrator. This was the largest private school that has existed in Dublin. It had a very fine Anatomical

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and Pathological Museum, which, after the breaking up of the school in 1837, was sold to the Queen's College at Belfast, to which it is a most valuable adjunct, and where it is well displayed and taken care of.

The Richmond Hospital School, as it was formerly called—though for some years past more commonly known as the Carmichael School—is situated in Brunswick-street, on the opposite side to the House of Industry Hospitals, for attendance on which it is most conveniently situated. It was originally established, about 1825, by the late Mr. M'Dowel, in the loft of his stable, behind his house in Eccles street; and as the class increased, the next stable was taken into the establishment. Subsequently Mr. M'Dowel, joining with the present Mr. Adams, opened a school near Gardiner-street, which was "sacked, burked, and burned by a hostile mob."* After which these two gentlemen, associating themselves with Mr. Carmichael, established the school in Brunswick-street. It has a museum, containing about 600 specimens in spirit, in addition to some others; and as some of the teachers are connected with the Richmond Hospital, the pathological museum of that establishment is also made available for the illustration of the lectures here delivered. This school enjoys the advantage of premiums, the interest of £2,000, part of the bequest of the late Mr. Carmichael, and which are, indeed, the continuance of the rewards he had for many years previous to his death given to the most deserving students. An additional £8,000 will, at the death of his widow, accrue to this school.

Associated with Kirby in the earlier part of his career was Mr. Ellis; but they quarrelled, and Ellis built and established a school next door to Kirby's, in Peter-street, which is now known as the Dublin School of Medicine, and which he carried on till he joined the Apothecaries' School of Medicine, in Cecilia-street, on the sale of the old Crow-street theatre, and which was a very flourishing school, notwithstanding the antagonism of the Apothecaries' Company to the College of Surgeons, and the refusal of each to accept the certificates of the other. The Dublin School of Medicine premises having been given up by Mr. Ellis, were taken by the proprietors of the Digges-street School, which had been established in 1833, by Dr. Corrigan, Mr. Hargraves, and others, and was carried on very successfully. It has since changed hands, and possesses only a very poor anatomical collection.

The Apothecaries' School in Cecilia street, has also been given up by them to the Roman Catholic University; and last year, 1855, became the nucleus of their medical school.

In overlooking the localities of these several schools, including those of Trinity College, and the College of Surgeons, it will be seen that not one of them, except the Carmichael, is in the immediate neighbourhood of a hospital; that those students who attend any other than the Carmichael School, if they take their hospital practice at Jervis-street, have nearly the whole breadth of the city to traverse, as those who are students at Trinity College school, and visit Steevens' Hospital for its practice and clinical instruction, have to proceed from nearly one end of the city to the other.

If also the lists of the medical and surgical officers of the several hospitals be compared with their distribution as teachers among the various elementary schools in Dublin, it will be seen how inconvenient such arrangement must be to the students.

Having thus passed in review all the hospitals in the city of Dublin, having considered their localities, their capabilities of furnishing beds, in proportion to the population; having inquired into their means of supporting themselves, into the number of beds they really do maintain in a working condition, and the average number (obtained from observation and inquiries made in May, July, and November last,) of patients constantly in them, the best and only mode of determining on their fitness as schools for medical and surgical instruction, also the number of their medical and surgical officers, and the variety of lecturing schools with which the greater number of these gentlemen are connected, it seems sufficient information has been obtained to make the following observations and suggestions relative to their future conduct and consolidation, which, however, are here considered only in relation to the improvement of Medical and Surgical Teaching, and not to any fiscal arrangements.

On the north side of Dublin the House of Industry Hospitals afford for its west end very large accommodation for medical and surgical cases, to wit, 204 beds in the Whitworth and Hardwicke for the former, and 110 beds in the Richmond for the latter. But the east end is only insufficiently accommodated; for, exceedingly well conducted as it is, Jervis-street Hospital is too near to the Industry House, is in much too close neighbourhood for a hospital, and containing only 80 beds, is insufficient to meet the wants of the poor, or to fit it for a proper school of instruction; it is, therefore, much to be desired that it should, if possible, be moved further eastward, and that it should be enlarged till it hold, at least, 100 beds, which should be divided, one-third being allotted to medical, and the other two-thirds to the surgical cases.

On the south side of the river there are, if properly arranged, ample means for forming two large hospitals, which might at the same time answer all purposes for patients and teaching, under similar conditions to the House of Industry Hospitals, which work exceedingly well, and may be fairly brought forward as example of what ought and can be done for the great benefit of the students.

At the west end, the Cork-street Fever Hospital and House of Recovery should be combined with Steevens', and form *one* hospital; the distance between them is not so great as to interfere materially with a student's time attending both at once. The Cork-street Hospital, by its two buildings, and their close neighbourhood, exhibits a striking resemblance to the Whitworth and Hardwicke, and like them might be divided into a general medical and

* See MS. Letter.

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a fever hospital; the old house, now and long since only partially occupied, would furnish 123 beds for the former, and the new house, as it does at present, 90 beds for the latter. Steevens' should be the surgical house in this hospital, as the Richmond is in the House of Industry, and would furnish 230 beds. In the grounds, which are sufficiently spacious, of one or other of these establishments, should be the buildings for a complete medical school, lecture and dissecting-room, chemical laboratory and museum of normal and pathological anatomy, a condition on which the Commissioners have agreed to recommend to Government the allotment of an increased proportion of the Parliamentary grant to Steevens' Hospital, even under the existing arrangements. For this school professors should be selected from the medical and surgical officers of these hospitals first, and if from any circumstances a sufficient number could not be found, then foreign aid should be called in to fill the chairs. In either case the recommendation to the lectureships should be primarily in the hands of the medical and surgical officers of the hospital, and afterwards when the professorships are filled, such of them as are *not* hospital officials should be associated with the medical and surgical officers in recommending to the managing Committee and Court, or Board of Governors of the hospital, fit and proper persons to fill up such vacant lectureships, which appointments should be made and confirmed by the Governors in Committee and Court, and to continue during *their* pleasure. It should also be distinctly declared that persons *not* officials of the hospital at the time of their appointment as lecturers, should on the occasion of vacancies occurring among the physicians or surgeons of the hospital, if they have served well and promoted the interests of the medical school, be appointed by the Governors to the vacant offices, *in preference to any other persons.* By these means there would be assured to the hospital, as far as possible, a succession of physicians and surgeons, whose fitness for appointment to the service of the house had been previously ascertained, and whose interest both professionally and pecuniarily, would induce them to give such time and attention to the hospital practice as would insure a large class of students, and thereby prove to the public and the profession that the patients were ably and carefully tended by those to whom they are entrusted.

The east end of this district, south of the Liffey, has also corresponding opportunities for forming a large hospital, consisting of general medical and fever, and surgical houses, by the consolidation of Sir Patrick Dun's, and the Meath, and Mercer's: the first would furnish 150* beds, for general medical; the second 100 beds, for fever; and the third, 80, for surgical cases. In carrying out this arrangement it would be necessary that Mercer's Hospital should be removed from its present close neighbourhood, quite unfit for such an establishment, and should be put in a more airy situation, and nearer the former two hospitals, which, probably, would not be a very difficult matter if an earnest attempt were made to effect it. The distance of these hospitals from each other is not so great as materially to inconvenience students attending them. To this hospital should be attached a complete lecturing school, with its appliances, as existing near the House of Industry, and recommended by the Commissioners for Steevens', with the selection of the teachers from the hospital officers, by the appointment of the Committee and Court or Board of Governors, on the recommendation of the physicians and surgeons, and also with the introduction of foreign aid, if needful.

By this plan two hospitals seem to have been omitted in the proposed consolidation, namely, St. Vincent's and the City of Dublin. With regard to the former, its managers appear so desirous to avoid all external supervision, and to express no anxiety to participate in any Parliamentary or Municipal grant of money, which might be obtained by acceding to the ordinary conditions under which the latter is granted to some of the other hospitals, that it seems scarcely feasible to propose its connexion and grouping with any other hospitals, however much to be desired it might be, as it is little likely that any such proposition would be assented to.

These objections do not, however, attach to the City of Dublin Hospital, and it might, by its union with Mercer's Hospital, and the junction of their funds, be enlarged, and become the surgical house of the group including Sir Patrick Dun's and the Meath Hospitals.

The hospitals thus grouped might assume the names of North-western and North-eastern hospitals, that is, the present House of Industry Hospitals, and that of Jervis-street, either in its present locality and enlarged, or transferred to some more spacious building; and the South-western and South-eastern hospitals, the former including Steevens' and Cork-street, and the latter, Sir Patrick Dun's, the Meath, and Mercer's, or, in its stead, and united with it, the City of Dublin Hospital. Although, however, merging into these groups, it would be right that the benevolence of Richard Steevens, Mary Mercer, and Patrick Dun, should be still thankfully and affectionately kept alive in Dublin by their foundations still retaining their own names.

To each of these hospital groups should be attached a midwifery department, with one or more physicians accoucheur, who should have allotted to them in each general medical house a few beds for the Diseases peculiar to Women. But the principal duty of this department would be, the attendance of poor Women at their own homes by the students attached to each group, under the control and with the assistance of the physicians accoucheur. Almost every large hospital in London has, for many years past, had an arrangement of this kind, which has worked with the greatest ease, and without the least expense; has been of considerable benefit to the poor women, and has furnished ample practical midwifery experience during his hospital attendance to every student who has been inclined to enjoy it. If this plan were adopted, and well managed, it would, to

* It was intended to accommodate 100 beds, but only contains 68.

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a great extent, supersede Lying-in hospitals, which, however, if still retained, might be of smaller size, and employed for the reception of cases of protracted and difficult labour, beyond the ordinary capabilities of the students to look to, and requiring the special attention of the physicians accoucheur. Under such change of circumstances it might, perhaps, be possible to convert the Rotunda into a general hospital, to which purpose it might be easily accommodated, instead of Jervis-street, which requires both enlargement and removal; for if the plan of establishing an obstetric department in each group were carried into effect, the necessity for very spacious lying-in hospitals would be done away with.

On carrying out these measures it would be necessary that pecuniary assistance should be obtained to put the several hospitals in proper condition, many of which are at present in a very unsatisfactory state, both as to accommodation and repair. The Richmond Surgical Hospital ought to be rebuilt; it *never was fit* for the purpose to which it has been applied, and it is utterly impossible to improve it. Mercer's Hospital should be removed to a more airy situation; and Jervis-street Hospital should be enlarged, or removed and enlarged. To meet the expense incurred by these changes it would be advisable that a portion of the allotment of the Parliamentary grant to each hospital should be withheld* till the several buildings and alterations required are completed, after which each hospital should receive its due proportion.

Having thus shown the facility afforded by the neighbourhood of the hospitals to their consolidation in groups, and the great advantages students would derive from the change, the inquiry necessarily arises, how can this plan be carried out with such endowments, varying incomes, and conditions as the Dublin hospitals present; and how effected without injury to the present able medical and surgical officers of these establishments?

First.—Steevens', Mercer's, and Sir Patrick Dun's Hospital, were all established by Acts of the Irish Parliament: the former two in accordance with the founders' wills, but the latter by perversion of it. If, therefore, it be shown that, by their connexion with one or other existing hospital not so circumstanced, great public good may be obtained, there should be no difficulty in inducing the Imperial Parliament to make the necessary changes in their existing constitutions. The endowments, indeed, of these three hospitals do not present any real and direct obstacle to the proposed arrangement, for they afford only a *small portion of their means of support;* neither can any opposition be fairly set up on the matter of subscribed income. It is a notorious fact, beyond all possibility of contradiction, that, with the exception of St. Vincent's Hospital, founded in 1835, *not one hospital in Dublin* is or has been for the last fifty years, at least, *capable of supporting itself out of its own proper means, whether from endowment or subscription;* and all have been obliged to go to Parliament again and again for assistance, or *subsistence,* as it might be more truly called.

The anxiety evinced in obtaining from Parliament the promise of £16,000 a-year, for advising the distribution of which the present Commission was appointed, is proof of the urgent needs of the Dublin hospitals. Whether these needs might be diminished by the more strenuous exertion of their Managers is not here to be discussed; but the examples of private support obtained by the City of Dublin Hospital and by St. Vincent's Hospital lead to the presumption that they might be lessened. Be it as it may, however, these important institutions, absolutely necessary for the health of the city, as well as for the comfort and relief of the sick poor, are in a very needy and deplorable condition, and in *no single instance* capable of employing, for want of funds, the beds they *profess* to have, or to be able to accommodate.

If, then, Parliament be called on to vote money out of the public purse for the support of these important and necessary establishments, it is fully justified in laying down the conditions on which such grants are to be given, especially when the only object of such conditions is to improve "the efficiency of all these valuable institutions," and to afford the many able medical and surgical teachers in Dublin improved means of bed-side instruction to their pupils, in exemplification and verification of the doctrines laid down by them in their systematic lectures.

The position and interests of the present Medical and Surgical Officers of the Dublin Hospitals, which is the *second* great question arising out of the proposed consolidation of those institutions into groups, do not present any insurmountable objection to this arrangement, although it is very obvious that some change as to the number and disposition of the physicians and surgeons must then be made (and it were highly advisable that *even under the present arrangement* a change *should* be made); for it is hardly possible to imagine that one† hospital with 60 beds only in common use should have a staff of two physicians and seven surgeons; that another‡ with 104 beds should have two physicians and six surgeons; that another§ with 80 beds should have one physician and four surgeons; and a fourth‖ with 230 beds should have one visiting and one assistant physician, with two visiting, and three assistant, and one resident surgeon, the actual working staff in the latter case being the assistant physician and the three assistant surgeons. With the exception of the last hospital, in which the surgical staff is better proportioned to the number of patients, although the medical staff is not so numerous as the physicians and surgeons to each hospital, that if every one of the staff has, at all times, as he ought to have, patients under his own proper care, the number must be very few and insufficient both for his acquirement of large experience, and for instructing pupils; or if he take a larger number of patients for a short interval by *rota* the disadvantage must be equally great. The pupils also in attendance on such hospitals must have considerable difficulty

* In aid of which some of the unappropriated grant might be added.
† Jervis-street. ‡ Meath. § Mercer's. ‖ Steevens'.

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in making the various modes of treating disease which they witness explicatory of the one kind of doctrine they have been accustomed to hear laid down by the one lecturer on medicine or surgery, whose views of diseases and their treatment cannot be expected to correspond with those of his numerous clinical-teaching colleagues; whilst if the pupil attach himself to one or other only of the physicians or surgeons, the practice he sees will be very limited and insufficient. If, however, the medical and surgical staff of each hospital were made proportionate to the number of patients it accommodates, their position and opportunities would be improved considerably by the increased number of patients coming under their care, which would largely improve their practical experience, and enable their pupils to see hospital practice more satisfactorily and perfectly carried out.

That the Dublin hospitals are over-officered there can be no doubt, if their staffs be compared with those of the larger Paris and London hospitals.

In Paris, the Hotel Dieu, with 900 beds, has eight physicians and three surgeons. Hôpital de la Pitié, with 630 beds, has five physicians and two surgeons. Hôpital de la Charité, with 500 beds, has six physicians and two surgeons. Hôpital Lariboisière, with 612 beds, has six physicians and two surgeons. It may be observed that in these hospitals two-thirds of the beds are medical and the other third surgical.

In London, St. Bartholomew's, with 580 beds, has four physicians and four surgeons for in-door patients; and four assistant physicians and four assistant surgeons for the out-patients; and one physician accoucheur. Guy's, with 517 beds, has three physicians and three surgeons for the in-door patients; and three assistant physicians and two assistant surgeons for out-door patients; and two obstetric physicians. St. Thomas's, with 500 beds, has three physicians for in-door, and two assistant physicians for out-door patients; and five surgeons for in-door patients, the two juniors of whom also attend to the surgical out-patients; and two obstetric physicians.

From this statement of the number of beds, and of the medical and surgical officers in each three of the principal Paris and London, and in the two principal Dublin hospitals, it appears that the average number of beds to each physician is about 70 in Paris; 51 in London; and 63 in Dublin: whilst each surgeon has about 100 beds in Paris; 81 in London; and 36 in Dublin; whilst in three of the smaller hospitals* of London the average number of medical beds to each physician is 28, and to each surgeon, 27; but in Dublin the physicians of the smaller general hospitals† have about 21 beds each, whilst the surgeons have the remarkably small number of 11 each only. And it will further be remarked that in Paris and London the surgical patients exceed, and in Dublin about equal the medical cases.

The question now arises as to the number of Medical and Surgical officers which should be attached to each hospital, for the purpose of insuring efficient attendance on the patients, and to allot to the physicians and surgeons such number of cases as will afford them ample opportunity for investigating and treating disease, and generalizing its results, and thereby fitting them for the dogmatic and practical instruction of students. At a rough calculation, this can scarcely be done in a satisfactory manner with less than *fifty* beds to each physician or surgeon. It is quite futile to extol the preference of a *few* selected cases, over a larger number of cases, many of which are less serious but of more frequent occurrence. For the purpose of clinical instruction, it is quite as necessary for, and important to students, that they should witness and study the course and treatment of common, and often not very serious ailments, as well as the graver forms of disease, for such are the cases they will most frequently be called on to treat in afterlife. And it is much more needful that they should attentively watch these than run after some very extraordinary case, which, although fully entitled to particular notice, rarely falls to the lot of any physician or surgeon, other than those attached to hospitals, to be seen more than once or twice in their lives; and yet it is well known to those connected with these institutions that such cases especially attract the attention of students, and often, for a time at least, if cleverly and successfully treated, give to the physician or surgeon under whose care they may have chanced to fall, a celebrity not always sustained or deserved. There should, therefore, be assigned to each physician or surgeon of every hospital at least *fifty beds*, which would afford the opportunity of taking under his care, not only the more serious, but also the less important, though more common cases, which are, at the least, as necessary for the acquirement of practical experience, which cannot be obtained from the uncertain attendance of out-patients. It is also highly desirable that in every case there should be attached to each hospital, assistants, both physicians and surgeons, *not to do the work of the principal medical and surgical officers*, whose private occupations may engross that time which their hospital primarily requires, so long as they are connected with it, and which, if not given, is a positive disadvantage to the institution and the students attending it, although the name of the office itself is an advantage to the holder of it, as giving him a place in public estimation. The duty of assistants should be to attend to the out-patients, and thereby to obtain experience which would have further opportunity of increase by the assistant's necessary constant presence in the hospital for the discharge of his duty, whereby he would be in the way to hear of and see whatever interesting and important cases were brought in, and thus be gradually fitting himself for the time when *he* should occupy a more responsible position in the house. They should also assist the principal officers in their duties, whenever called upon with reasonable cause; but their principal duty should be to attend the out-patients.

The number of assistants should never exceed that of the physicians and surgeons, each of which should have his own. It should also be arranged that every assistant who has conducted himself well by kind and able attention to the patients, and by promoting the

* Westminster, 173; St. Mary's, 149; King's College, 119. † Meath, 104; Mercer, 80; City of Dublin, 78.

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interest of the students and of the school, should be appointed to any vacant physiciancy or surgeoncy *in preference to any other person who has not been an assistant;* and should also be appointed to any vacant lectureship in the school for which he might be qualified.

The general number of physicians to the medical house or houses of each consolidated group of hospitals should *not exceed* three or four, according to their size, and the same number of surgeons. The number of the assistants should correspond.

In addition to these it would be advisable that each group of hospitals should have the honorary appointments of a Consulting Physician, and a Consulting Surgeon, which should be conferred as they became vacant upon such retired physician or surgeon who had been on the staff of that group of hospitals, and who, on their resignation, had been elected as one of the Governors of that group, without giving any donation—a practice followed in some of the London hospitals, and considered as a mark of the estimation of the general body of Governors of their former servant's faithful discharge of his duties. Their presence among the managing Board or Court would be of great value to the non-professional Governors, affording to them, as it would, advice and direction on professional points, of which the Governors, being laymen, are entirely ignorant, or only partially informed; yet, at the same time, their number would be so small as to give them no undue power in controlling the government of the hospital, but only just so much as their moral influence would entitle them to enjoy.

It will naturally be asked in what manner are these changes to be carried out.

As regards the physicians there would be little difficulty; according to the plan proposed sixteen or twelve physicians would be required for the medical service of the groups: four or three to each. The present number of physicians is as under:—

Steevens' Hospital,	1 visiting,	1 assistant.
Jervis-street, "	2 principal,	not any.
Mercer's, "	1 "	— "
Meath, "	2 "	— "
Cork-street, "	2 "	2 "
Sir Patrick Dun's,	2 "	1 "
Whitworth and Hardwicke,	4 "	not any.
City of Dublin,	2 "	— "
	16	4

Of these, two of the assistants would be required to complete the sixteen principal physicians; and the remaining two would be the senior assistants, fourteen more of whom would have to be elected. With reference to the surgeons the matter is more complicated; their present number at—

Steevens',	2 visiting,	3 assistants,	1 resident.
Jervis-street,	7 principal,	not any.	not any.
Mercer's,	4 "	— "	— "
Meath,	6 "	— "	— "
Richmond,	4 "	— "	— "
City of Dublin,	5 "	— "	— "
Lock,	1 "	1 resident assist.	— "
	29	4	1

From this enumeration it would appear there are nearly twice as many surgeons as are required for the proposed plan, if sixteen be appointed; and nearly three-fifths more if only twelve. As, however, it is proposed to keep up 600 surgical beds, at least, which is 100 more than at present occupied by surgical cases; if the whole of the present number choose to be attached under the proposed new regulations, *each would have twenty patients all the year round, which is twice as many, at least, as those at present allotted* to the surgeons of the Jervis-street, Mercer's, Meath, and City of Dublin Hospitals. It is possible, however, that some of the surgeons might be inclined to withdraw in preference to assuming positions which would necessarily call for the devotion of a larger portion of their time to the hospital than has hitherto been needed; and thus the number of patients would be increased to those retaining office.

So long as the number of surgeons to each Surgical Hospital exceeded four, there should be no election to the office of principal surgeon, nor should this take effect till by death or resignation the number shall have been reduced below four.

There would be no objection, however, but rather the contrary, to the twelve assistant-surgeons, four to each hospital, being at once elected, though they might seem likely to have to wait long ere becoming principal surgeons; human life, however, is so uncertain, and circumstances vary so much, that their enjoyment of the principal offices would probably be deferred for a shorter time than might be expected.

Neither physician nor surgeon should be allowed to hold office in more than one group of hospitals, not even though such office were only honorary, that one to which he is attached being amply sufficient to engage all his energies and interest. An exception, however, might be made in reference to some special hospitals, which, from circumstances, might not be conveniently made part of the general establishments, though even this might, with a little management, be effected, as it is in some of the London hospitals. The specialities referred to would be institutions for treating chest diseases and those of the eye; but it would be highly advisable, when such establishments exist, to have them served by

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the medical and surgical officers of general hospitals, as in London, to prevent the separation from the general practice of the profession of a branch or branches which ought to be known to all.

Whether the changes thus proposed, as to grouping and re-arranging the medical and surgical staffs of the Dublin Hospitals, be or be not carried out, the *mode of electing the physicians and surgeons* of these institutions is a subject of deep interest; and even so far back as the year 1809, attracted the attention and called forth the disapproval of the Commissioners appointed by the Lord Lieutenant "*to inquire into the management of certain Charitable Establishments in the City of Dublin, which receive aid from Parliament.*" These Commissioners were Messrs. J. D. La Touche, Will. Disney, and G. Rouny, all Dublin gentlemen, and in their special Report on the House of Industry, their observations are so pertinent to the too common mode of election of hospital physicians and surgeons in Dublin, that no apology is needed to present it on the present occasion:—

"It is here proper to remark, that for several years past the senior surgeon was also one of the Governors of the Institution (House of Industry). The appointment of physicians and surgeons to be Governors, prevails in several other medical and surgical establishments in Dublin, and has arisen in a great measure from the difficulty of procuring a sufficient number of other Governors to attend; but the tendency of it is to put the management of these departments, without sufficient control, into the hands of the physician or surgeon. It seems an undeniable maxim, *that no man should be at once Master and Servant, Governor and Officer.* The importance of adhering to this principle in any plan of reform that may be adopted for the hospitals in Dublin, cannot be *too strongly urged*, and it is with great pleasure we observe that this reform has already taken place in the House of Industry, by the late resignation of the senior surgeon, and the appointment of a successor to whom this objection does not apply."

Of the correctness of the views of that Commission there can be no doubt, and it has the practical experience of a long course of years in all the large London Hospitals; but in the smaller ones, which have commonly been got up by the individual exertions of medical men, who have been desirous of establishing teaching institutions for their own benefit, the contrary practice, as might be expected where their own interests were deeply involved, has been followed, and they are often members of the governing body, and virtually the electors of those who are to become their colleagues, and supervisors and controllers of each other, according to their individual influence in committee, or with the court of governors.

The present Commissioners have, in the body of their Report, recommended earnestly the encouragement of subscribing Governors to some of the hospitals, by giving to them the right of voting at the election of physicians and surgeons, and other superior officers, and there is no reason why the same proceeding should not be applied to all. True it is, that one or two Charters, and as many Acts of Parliament, might require revision, but the advantage to the *present* Schools of Medicine would be so great, and the fair right of Parliament, which so liberally assists, to interfere with them for their good, is so undeniable, that it is scarcely possible to imagine any objection to yield a little *doubtfully just* power, for such change as must invigorate such institutions as the hospitals, of which the citizens of Dublin, and the medical profession of that city especially, as the principal of them have been founded and established by members of their own body, have right to be proud of. It may also be added, that in recommending such concession of existing privileges as regards the election of medical and surgical officers, it is only carrying out generally the plan recommended by the present Commissioners, *that Government should cease to have the appointment, as now, of the medical and surgical officers of the House of Industry Hospitals, and that their appointment shall vest in the body of subscribing Governors,* which it is hoped, there will be little difficulty in obtaining, when it is known that subscribers shall be invested with positive and ostensible privileges, which would induce them to foster and promote the interests and good management of the hospitals with which they are connected, and of which the Cork-street Hospital furnishes a good example.

In some of the Dublin Hospitals a very objectionable law exists, by which the medical and surgical officers are appointed for a term of seven years, with a permission of re-election for a like term, but no longer. This plan has been adopted under the plausible pretext of affording to the younger practitioners an opportunity of enjoying hospital experience, which they could not otherwise obtain. But it is only a doubtful advantage gained, and a great benefit lost. Hospital physicians and surgeons, like counsel at the bar, are those to whom the less experienced, less able, and less intelligent members of the profession will naturally look up for aid. If then, after these few years of hard and anxious labour, constantly beset with danger, the physician or surgeon who has just had sufficient time, experience, and standing to make his professional opinion begin to be of value, be displaced, his removal from the practical field which he is now turning to the best use for himself and the public, will tend only to bring all the members of the profession to an unhonoured and justly undervalued mediocrity. Besides, if the experienced physician or surgeon is to be removed every seven or fourteen years, how is clinical teaching, putting aside the best medical treatment and the best performance of surgical operations, to be carried on by those who have comparatively little or no personal experience; or how can they keep up such knowledge as is necessary to render them fit examiners of those who seek the diplomas of the several branches of the profession.

Here again the practice of the great London Hospitals seems preferable. The Governors, *neither of whom* are servants of the house, elect all the medical and surgical officers, during pleasure; and can remove them, if found incapable or inattentive to their duties. This

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practice has been followed for many years, has worked well, and presents good reason why a like method of proceeding should be carried out in Dublin. It is fair, however, to state, it has been objected that some persons will retain office longer than their age fits them for it, or than their increased practice will allow them to give proper attendance on the hospital; instances of either are not, however, of sufficient frequency to render the London practice materially objectionable. The appointments, therefore, should be at the pleasure of the Governors; and if the medical and surgical officers properly discharge their hospital duties, they would virtually become appointments for life, or so long as they thought proper to retain office. They should, however, not be permitted to hold any appointment, honorary or other, in either of the hospital groups, except that one to which they are elected; and they should be required not only to give their attendance to the patients, but also by assisting to carry on the medical school connected with each, as lecturers on any branch of medical science, or those immediately allied to it, with which they are conversant.

If the incomes of the hospitals, arising from endowment, subscription, or any other source, be sufficient after providing for the patients, the medical and surgical officers ought to receive salaries, not as any actual payment for their services, but as a sort of recognizing acknowledgment of them, and to compensate any little additional expense they may be put to, on the principle of the "coach hire" given by the Governors of Steevens' Hospital, who did not forget the founder's direction, that his "trustees always have regard that *too much* of the yearly profits of his real estate be not laid out or *given to officers or servants.*" Neither clergymen nor lawyers undertake laborious and responsible offices without direct remuneration, although both may also derive large addition to their income by pupils who come to them for instruction; and there is no just reason why medical men should be otherwise circumstanced, except that their readiness to afford assistance to those who cannot pay them has been converted into a reason for withholding any, or giving as scant pecuniary reward as possible for their hospital services. It is true that they also have pupils, and if they be successful teachers it is also certain that they obtain large direct remuneration; but this is only the reward, the just reward, of increased industry and labour; for the pupils' fees for hospital practice alone have to be divided amongst so many, that, though in the mass they may seem large, their distribution makes the remuneration to each medical and surgical officer of not large amount; and the real emolument arises from the lectures, elementary lectures as they may be called, which are delivered in the medical schools, and which may or may not be in connexion with the hospitals.

JOHN F. SOUTH.

APPENDIX, No 3.

MEMORIAL from the CITY OF DUBLIN HOSPITAL, presented to LORD ST. GERMANS, praying for a portion of the Grant, on the 17th January, 1854.

To His Excellency the Right Honourable EDWARD GRANVILLE EARL of ST. GERMANS, Lieutenant-General and General Governor of Ireland.

MAY IT PLEASE YOUR EXCELLENCY,

We have the honour of appearing before you as a Deputation of the Board of Governors of the City of Dublin Hospital, constituted of the Right Honourable the Lord Mayor, Vice-Patrons, Directors, Physicians, and Surgeons of the Institution.

We respectfully solicit your Excellency's attention to the position of this hospital, and the claims which it has as an educational establishment.

The City of Dublin Hospital was founded as a *clinical hospital in connexion with the School of the Royal College of Surgeons in Ireland;* and the whole of the physicians and surgeons are (with one exception) Professors of the Royal College of Surgeons.

The remaining medical officer of the hospital is the lecturer upon military surgery, a course of instruction in immediate connexion with the medical departments of the army, navy, and ordnance, and East India Company's service.

This hospital is thus one of the principal sources of medical and surgical instruction in the School of Surgery in Ireland, and has, ever since its foundation, had attached to it a very large class of students, no less than forty of whom are, at this moment, before Sebastopol.

During the last twenty years it has educated 1,840 pupils, as will be shown by the accompanying table, which specifies the number attending in each year the winter and summer sessions for instruction.

RETURN of the NUMBER of STUDENTS Educated in the City of Dublin Hospital for the last Twenty Years.

Years.	Winter Session.	Summer Session.	Total.	Years.	Winter Session.	Summer Session.	Total.
1835	87	34	121	1846	59	26	85
1836	81	28	109	1847	55	28	83
1837	71	27	98	1848	54	24	78
1838	46	9	54	1849	48	19	67
1839	55	23	77	1850	56	22	78
1840	53	20	73	1851	74	23	97
1841	54	22	76	1852	60	57	117
1842	52	20	72	1853	77	48	125
1843	66	17	81	1854	82	50	132
1844	81	25	106				
1845	61	28	89	Total,	1,272	570	1,842

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The principle of aiding by Parliamentary grants educational hospitals in Dublin having been admitted to be sound, by her Majesty's Government, and the select committee of the House of Commons appointed last year for the special purpose of inquiring and reporting "whether the utility of the Dublin hospitals as a medical school justifies and requires their maintenance by grants of public money," having recognized and urged the reasonableness and necessity of giving such aid, and recommended that an inquiry should henceforth annually be made as to their general state and efficiency, we, your memorialists, humbly pray that the City of Dublin Hospital may be included in such inquiry and receive such aid.

We respectfully press this upon your Excellency, because its sources of income (which are derived solely from voluntary contributions and a Corporation grant) are insufficient to maintain, by upwards of forty beds, the number of patients the hospital is constructed to hold.

We urge it especially because by the introduction of "*The Medical Charities Act*" into Ireland by her Majesty's present Government, the City of Dublin Hospital has been deprived of the grant which it previously annually received from the County Grand Jury; and we urge it because, as a charitable institution, this hospital extends its relief, not only to the city of Dublin and its vicinity, but to the whole of Ireland; the admissions of the past year alone showing that more than one-third of the severe cases came from the counties generally.

In conclusion, we beg to thank your Excellency for your kindness in granting us the honour of this interview; and we respectfully place this our memorial in your Lordship's hands, praying for the *strictest inquiry* into the working and management of the hospital which we have the honour to represent, confident that it will be found, both as a receptacle for disease and a source of medical and surgical instruction to the student, second to none in this city.

(Signed), JOSEPH BOYCE, *Lord Mayor of Dublin.*
H. VERSCHOYLE, Clk. } *Hon. Secs.*
CHAS. BENSON,

APPENDIX, No. 4.

Dublin Castle, May 23, 1855.

SIR,—I am directed by the Lord Lieutenant to transmit, for the consideration of the Commissioners of Inquiry on the Dublin Hospitals, a copy of a letter addressed by the Right Honourable the Recorder of Dublin to the Lord Chancellor, in February last, relative to the practice of candidates for appointments in the Lying-in-Hospital paying large sums of money to enable gentlemen, who will vote for them, to be appointed Governors of that Institution.

(Signed) THOS. A. LARCOM.

Denis Phelan, Esq., Secretary to Commission
of Inquiry on Dublin Hospitals.

The RECORDER of DUBLIN to the LORD CHANCELLOR.

Kimmage House, Rathfarnham,
February 2, 1855.

I wish to bring under your consideration what has this day occurred at the Lying-in Hospital. You may recollect that on the last board day, when Dr. McClintock was elected Master, I gave notice of a resolution, to prevent for the future the practice of candidates paying for the admission of Governors, and you appeared to concur with me in the necessity of such a resolution. I attended this day at the Board, for the purpose of moving my resolution, and thought that it would have been passed as a matter of course; but to my astonishment and regret, it was resisted and defeated.

There were seven Governors present, the Dean of St. Patrick's in the chair. Dr. McClintock declined voting, and there voted for the resolution the High Sheriff, Dr. Kelly, and myself; against it, the Dean of St. Patrick's, Dean Tighe, and Mr. Crozier; and it was thrown out by the Chairman's casting vote.

The practice was not denied but defended, and principally on the ground that it increased the funds of the Institution.

I feel so strongly the impropriety of the system, and the injurious effect that it must have upon the interests of a very valuable institution, that I think the matter ought not to be allowed to rest here.

I believe that, with a view to the last election of Master, £1,000 a-piece was paid by the two principal candidates for the making of Governors to vote for those candidates.

The obvious tendency of such a system must be to substitute money for merit in the choice of candidates, and to prevent independent and high-minded men from seeking or accepting the office of Governors. Considering that you are a Vice-President of the institution, and your high office in connexion with the Government, which was this day called upon by the Board to forward an estimate for a grant of public money to the institution, I think I cannot do better than place the case in your hands.

Perhaps I should, for greater clearness, observe that each elected Governor has to pay on his election £100 to the institution, and that it is the payment of this sum by the candidates for the Mastership of the hospital, for the purpose of introducing Governors to vote for the candidates who so pay them, which I deprecate.

(Signed) FRED. SHAW.

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APPENDIX, No. 5.

4, Cumberland-place, North Circular-road,
September 17, 1855.

SIR,—May I request that you will lay before the Dublin Hospital Grants' Commissioners the following matters, to some of which I have called their attention when I had the pleasure of meeting them at their first official visit to the House of Industry.

We have no church, nor even a room of any kind set apart specially for divine worship. I am sure the Commissioners will see the necessity for such accommodation, and will not fail to urge the erection or appropriation of a suitable house where the sick may pray and adore their Creator, in order to obtain a happy death, or, going out recovered, may leave the hospital better citizens, by having their attention frequently directed to the solemn truths of the Gospel, while time for reflection is afforded them during their sufferings under the chastening hand of Providence.

The Chaplain's residence in the House of Industry, which had been given him during the viceroyalty of the liberal and enlightened Earl Mulgrave, and in which the true friend of the sick and poor, the then Lord Morpeth, had taken so prominent a part, has been taken from him, and he ceases of late to be a resident officer. It would not be suitable here to enumerate the reasons which induced the Government of the day to grant the apartments referred to. It is enough to point to the fact that, after the most minute examination, and even consultation of the Judges on the Bench, the necessity for such residence was seen, and the apartments granted. The same necessity exists now; the same reason holds good to-day as then; and it is to be hoped that the Commissioners will see that where there is a paid Chaplain he may not want a place of worship nor a residence to make him fully efficient and useful to the institution.

I will feel great pleasure in giving information in detail on the above subjects, or any others which fall within my province, to the Commissioners, should they require it.

(Signed) J. FAULKNER,
Roman Catholic Chaplain of the House of Industry.

To Denis Phelan, Esq., Secretary
to the Dublin Hospital Grants' Commission.

APPENDIX, No. 6.

A PLAN for the Establishment of a COMPLETE SCHOOL of MEDICINE and SURGERY in STEEVENS' HOSPITAL.

The advantage derivable to medical students from attendance at a hospital to which an elementary school is attached is so obvious as scarcely to require notice; yet is its great importance shown by the connexion of Sir Patrick Dun's Hospital with the School of Physic at Trinity College, for the benefit, indeed, of which it seems to have been really founded; and, more recently, by the Royal College of Surgeons' School having followed the same example, in the establishment of the City of Dublin Hospital, officered by their own teachers. And even where all the teachers in an elementary school in close neighbourhood to a hospital, are not all officers in it, yet, as in the nearness of the Carmichael School to the House of Industry Hospitals, both enjoy a decided superiority over other hospitals and elementary schools farther apart.

The great advantage arising out of the connexion of an elementary school with a hospital, situated either within its precincts, which is preferable, or in its immediate neighbourhood, and of which the medical and surgical officers of the latter are the teachers, is, that the students have thereby the opportunity of witnessing the lessons they have been taught, and the principles they have heard laid down, practically illustrated and brought to the test of their own observation and criticism, capability of employing which, as is well known to those connected with hospitals frequented by students, they very speedily acquire. The result of this is, that at the termination of their hospital studies, they, for the most part, are found to have imbibed the general principles which, from their large practical hospital experience, their teachers have been enabled to lay down and sustain, and which are further impressed on their minds by the opportunities for illustration which the hospital practice has afforded them.

On the contrary, if a student listen to the elementary teaching of professors who are not the medical and surgical officers of the hospital he frequents for the purpose of seeing practice, the probabilities are very great that he will see, in many cases, modes of treatment pursued which, though not wrong in themselves, and arising only out of the different notions of disease and its treatment held by different persons, are directly contrary to those which have been laid down and insisted on by the teachers of his own elementary school. A familiar instance or two of this state of things will not be here out of place. The student has been taught in the elementary lecture that delirium tremens, drunkard's madness, is a disease conditioned on nervous irritation, and generally accompanied with lack of constitutional power: that, for quieting the former, opium in large quantity is required, and that wine or spirits, almost without stint, are necessary to contend with the latter: he visits the hospital, and finds the physician there treating such a case without opium, and with calomel or digitalis, or both. Again, the surgical teacher of his elementary school states broadly that syphilis has one precise form and character, varied only, and in comparatively slight degree, by the patient's constitution; and that, if left alone, it passes through a series of stages which,

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more or less speedily, destroys the patient: and he affirms that the only mode of treating this formidable disease is by the exhibition of mercury in every stage, and that this is a certain cure. Thus taught, the student proceeds to his hospital, and there finds that the surgeon whose practice he attends, considers that the disease at its onset assumes a variety of forms, that these are followed by trains of symptoms very nearly resembling each other, and frequently confused; that if the disease be left to itself it will often wear itself out, and the patient get well; or that one kind requires, for its cure, treatment of the most simple kind, whilst the other calls for mercurial treatment, but of the mildest kind.

From listening to principles and witnessing practice so directly contrary, what certain knowledge can the student obtain? His practical experience is too small to enable him to determine between the contending principle and practice; and the result is, that when he has passed through his professional education and assumes the charge of patients, he, for the first time only, begins, if intelligent and observant, to acquire a small knowledge of the treatment of disease, the propriety of which he only satisfies himself with after repeated cases have come under his care, whilst, from the confused information he has derived from his contradictory teachers, he may have employed every remedy but the right or the most effective one, and the patient dies or passes through a long protracted illness, either of which might, perhaps, have been prevented had the medical attendant possessed any certain principles on which to act.

So, then, is clearly shown the necessity of the student being instructed in both principles and practice by the same teachers, who should illustrate, by their hospital cases, the teaching of their lectures.

Another advantage of the nearness of the elementary school and hospital is the saving of the student's time. Although the two be only half a mile, or less, apart, every occasion for passing from one to the other occupies time, which is just so much wasted and lost to the day's work. Whereas, on the contrary, if the school and hospital be close together, two or three minutes pass the student from the laboratory, dissecting-room, or lecture theatre, to the hospital wards, so that he is, or ought to be, always at hand, and ready to go into the hospital to witness the first appearance of accidents that are brought in, and the methods of discrimination, which form a most important branch of surgical knowledge.

Nor less beneficial to the student is his constant, almost hourly intercourse with his teachers and fellow students, who, as it were, form one large family. The mutual interest thus excited in each for the other, and the attachments there formed, help largely to the support of the hospital and school, by attracting to it the sons of those who have an affectionate remembrance of the benefits, professional and social, which they enjoyed during their student life, and who will continue to take deep interest in the well-being of the institution where they laid the foundation of their professional reputation, and be desirous their children also should enjoy its advantages.

Nor less are the medical and surgical officers of an hospital advantaged by their connexion with an elementary school, which ought always to be attached to it. Putting aside the pecuniary benefit obtained, they are compelled to arrange the practical knowledge they have acquired in the wards for the establishment of the principles upon which the treatment of disease depends, so as to enable their communication to the students in as terse and clear manner as possible; and thus, for the instruction of others, themselves are constrained to continue students of disease so long as their connexion with the hospital and school continues, as is right and requisite they should.

The public also are deeply concerned in the matter. Supporting, as they do, more or less directly, these invaluable institutions, from which those holding hospital appointments derive such large advantage, they have a right to require them to impart to the students the results of the experience and practical knowledge they have thus become possessed of, and which can be obtained from no other source than hospitals and infirmaries, as nowhere else can disease and its treatment be so constantly and satisfactorily watched; so that the advantages which hospital officers enjoy must necessarily make them the most fitting persons for teachers and examiners. No one has right to hold a hospital appointment simply for his own advantage, either direct or indirect; but in return, for the benefit he derives from it, he is bound to impart to the students the results of his experience; and if, from large and increasing private professional engagement, he is unable or indisposed to give up the necessary time for attendance on the patients, and for the elementary and clinical instruction of the pupils, he ought not to retain an office which might be more advantageously filled in relation both to students and patients

From the preceding observations it is apparent, that in the establishment of an elementary school of medicine and surgery in connexion with Steevens's Hospital, it is purposed that the medical and surgical officers should be requested to assume the various teacherships which will have to be established; but that if the present staff be of insufficient number to fill these appointments, or if there be satisfactory cause for either of the present officers being indisposed to take part in the new school, then it being necessary that for the completion of the teaching establishment foreign aid should be called in, there ought to be an engagement on the part of the Governors that the persons received as teachers should be elected according to the precedence of their appointments as assistant physicians or surgeons, in preference to others unconnected with the school, and subsequently should become physician or surgeon as vacancies occur. By holding out such advantages there is great probability that there will be no serious difficulty in completing the full number of teachers from most eligible candidates.

As in the establishment and support of a school it is necessary the members of it should

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work harmoniously together, it would be right that, at the first, the physicians and surgeons of the hospital should form a committee for selecting and arranging the teacherships, first from among themselves, and afterwards from such foreigners as they may think likely to afford the school material assistance. This committee should not have the power of final appointment, but should recommend the persons they consider most fitting for the lecture-ships to the Governors of the hospital, *who* should appoint the lecturers during their pleasure; but no medical or surgical officer, if on the Board or Court, should be allowed to vote on the occasion of this election, or of any other for like purpose; indeed it would be much better that neither of the medical or surgical officers should be on the managing board at all.

When the teacherships have been filled up by the Governors, then all the teachers, whether officers of the hospital or not, should constitute a committee to make the necessary arrangements for the conduct of the school, and to manage its concerns; all, however, being subject to the approval of the Governors, before whom a report of the school committee proceedings should be laid annually, at a fixed time, or at any additional meeting of the Governors if circumstances require it.

The students should, during their attendance, each pay a yearly sum of £ at the commencement of each medical session, which should admit them to the elementary lectures, to the dissecting room, laboratory, and library, and to the entire practice of the hospital, including the clinical or bedside lectures of the physicians and surgeons; their attendance being specially required on those courses of lectures required by the Colleges or other bodies, which are so empowered, for either of the several years of professional pupilage, in accordance with their selection of that branch of the profession they intend to pursue; and their attendance at lecture shall be marked in a book daily by a person appointed for that purpose, who shall visit the theatre during the delivery of each lecture at uncertain times to that intent. No certificate should be granted by the teachers till examination of the attendance-book show that the pupil is entitled to receive it.

The students should be subjected twice in the year to a written examination of the subjects on which they have been receiving instruction by lecture, and they should also have practical examination on chemistry and on anatomy in the laboratory, and dissecting-room in the middle of their second and third session. For the paper examination three questions on each subject should be given out so soon as the pupils have assembled at a fixed time and place, but not before; and two hours should be allowed for answering these three questions, which having elapsed, the student should seal up in a cover what he has done, much or little, affix a motto to it, which should also be put on another enclosure, containing his name. The papers are to be examined by the teachers of the several subjects to which they belong, who shall allot so many marks, not exceeding , to each answer, in relation to its worth, and the collective marks placed against the motto of the paper. At an early day the teachers should meet and open the name enclosures, to ascertain the persons bearing the several mottoes, which shall have been previously placed in classes according to the number of marks gained. Not less than a total of marks for the two subjects of each day's examination should place in the first; nor less than in the second class; all below the latter number should be placed alphabetically in a third class. The practical examinations in chemistry and anatomy should also be subjected to a like mode of classification.

From the first two classes should be selected those who shall fill the clinical clerkships under the physicians, each of whom should have ; and the dresserships under the surgeons, who should each have . The senior physician should first choose one from among the students in these classes who desire to attend specially to medicine, the second physician another, and so, turn about, till the required number of clerks are chosen. The senior surgeon should begin the selection of dressers from among the students in these classes, who devote themselves specially to surgery. In like manner care should be taken that as far as possible every clinical clerk shall, either previously or subsequently to his appointment, hold a dressership; and in like manner each dresser shall hold a clinical clerkship; but no student shall be eligible for clerkship or dressership till the termination of his second elementary session, and each shall be appointed for six months only, but may be appointed for a second like term if he have been attentive and intelligent during the first. It must also be understood, that in addition to the manual assistance he affords, the dresser will be required to perform the duty of clinical clerk to the surgeon with whom he is connected. The physician and surgeon whose is the admission week in the hospital should have a clinical clerk and dresser constantly residing in the house during that week, to receive urgent medical and surgical cases and accidents, and to take charge of them under the direction of the physician or surgeon whilst they remain in the hospital. The hospital governors should furnish lodging, board, and attendance, without charge, for these students; the expense incurred by it being amply compensated by the services afforded by the clinical clerk and dresser; and though in itself trifling in reference either to the hospital or the students, yet is of great value to the latter as mark of trust and distinction among their fellows. In case of neglect of duty or other misconduct, which by comparison will be found of rare occurrence, the physician or surgeon to whom the offender is specially attached should have power to suspend clinical clerk or dresser; but if the charged offence be great, it should be brought before the consideration of the medical and surgical officers only, as specially belonging to the hospital, and they should have power to decree the expulsion of the offender from the school, involving forfeiture of the admission money paid, and the withholding the certificates of attendance on the lectures and hospital practice of the current year.

From those persons who have been clinical clerks and dressers, and who have passed through the examinations and obtained the medical diploma of either University of the

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United Kingdom, or the surgical diploma of either College of Surgeons of the United Kingdom, the assistant physicians and surgeons should be chosen by the Governors; preference, however, being always given, *cæteris paribus*, to those persons who have obtained an Irish diploma in Medicine or surgery.

In like manner, also, should appointments to the lectureships be made from these classes of past students, if the hospital staff be insufficient to furnish the required number of individuals.

To render the hospital staff, as forming part of the school, complete, it will be necessary to increase it by the appointment of a physician-accoucheur, who should be also lecturer on midwifery, and to whom a few beds in the hospital should be allotted for the treatment of some of the more important female complaints. He should also have to take charge of the whole midwifery department, which will consist entirely of out-door patients, furnishing cases to those students who, having attended the midwifery lectures, and proved by examination their knowledge of its principles, shall be intrusted with the delivery of the patients, accompanied for the first few times by an advanced student in this branch of the profession, and afterwards attending alone, or in company with a junior student; and, if requiring assistance, calling in the aid of the resident accoucheur on duty, of whom there shall be chosen not more than , for a period of six months only after examination by the physician-accoucheur, to ascertain their capability of undertaking such important duty; and after having obtained a medical or surgical diploma, one of them shall be boarded and lodged in the house, week by week alternately, at the expense of the establishment, in like manner as are the clinical clerk and dresser. The resident accoucheur on duty should register the applications of all pregnant women applying for assistance; should appoint them to the midwifery students in succession; should at all times be ready to help, with advice or other aid, either a patient or pupil, or both; and, when he thinks necessary, should demand the assistance of the obstetric physician, to whom he shall be subordinate, accountable; and present, at the end of each week of his residence in the house, a register of all the obstetric cases which have been undertaken and attended during that period, and their results.

The advantages thus proposed to the students at the elementary school and hospital, the acquirement of which will depend entirely on their own exertions, without any additional payment, and without any possible interference or favouritism, are, it is not doubted, sufficient to excite their laudable emulation, and to raise the character of the school, at the same time that it provides for a succession of physicians and surgeons who will sustain the reputation of the hospital.

As it is matter of highest importance to the profession that the persons entering into it should be possessed of such education, and sustain such character and conduct, as are expected from gentlemen, to which position in society the purposed profession of the student claims to belong, it is highly necessary that the entrance into it of well-educated and high-principled young men should be encouraged. The practice, therefore, of awarding a scholarship of £10 or £20 to the student who stands first in a voluntary matriculation examination in classics and mathematics, which has been adopted for several years past in some of the London schools, and has been found to work exceedingly well, is strongly recommended for adoption in the school at Steevens' Hospital.

At the conclusion of the second examination of each session, prizes of books should be given to the students who have obtained the greatest number of marks for the several subjects on which they have been examined. In addition to these there should be also a prize for general good conduct and gentlemanly bearing, which should be awarded on the open voting of *the pupils themselves*, and should be obtainable by all who have not been placed lower than the second class.

As regards the institution of the Lectureships in the Elementary School, they must be correspondent with the subjects of medical education required by the governing authorities of the profession, and consist of—

1. Materia Medica and Medical Botany.
2. Chemistry and Chemical Manipulation.
3. Descriptive Anatomy and Dissections.
4. General Anatomy, and Physiology, human and comparative.
5. Theory and Practice of Medicine, including Medical Pathology.
6. Theory and Practice of Surgery, including Surgical Pathology.
7. Midwifery and Diseases of Women and Children.
8. Hygiene and Forensic Medicine.

To these also logic has been added by the Director-General for all those who seek for medical appointments in the army. It is questionable whether for the general student in medicine and surgery, another should be added to the already numerous subjects which require his attention, and one which is of infinitely less importance than mathematics, with which it may be presumed, if the student have received a tolerably good general education, he is acquainted. The Apothecaries' Company of Dublin viewed this matter in its proper light, and long since established a respectable classical examination for those who desired to be enrolled among its members.

Examinations to determine the proficiency of the students in the several subjects of which they are required to obtain information by attendance on lectures, should be held twice yearly, and the pupil's place in the proficiency list determined according to the plan already laid down; and for the public declaration of this, as well as the award of the prizes also, it is advisable that there should be held a public meeting of the Governors of the hospital, and of the students and their friends, within the walls of the hospital, at the beginning of each session, for the delivery of the prizes to the distinguished pupils, and of an address in

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furtherance of the prospects of the school, and for the direction and encouragement of the students in their future course.

It may be noticed that the important branch of professional education, Clinical Teaching has only been incidentally noticed. It has, however, been the ordinary practice in all the hospitals for so long a period, and its continuance is so surely guaranteed by the establishment of a complete school, of which it constitutes a very material part, that it has not been thought necessary to direct special attention to it, beyond impressing on the mind of the student its great value in illustrating the elementary instruction he has enjoyed.

The maintenance of a school necessarily involves considerable expense, and it therefore becomes requisite to ascertain how this shall be provided for.

In regard of the buildings it is necessary that there should be a lecture theatre, having connected with it a museum, laboratory, and dissecting-room, which should be so situated and built as to be capable of enlargement, corresponding to the size of the class, and the increase of the collection. Now, as the Governors are the electors of the physicians and surgeons of their hospital, and also of the teachers in their school—the former being called on to lecture there, and *there only*, and in future taking office with that understanding—the necessary buildings ought to be *provided out of the hospital funds*, and *remain hospital property*, as should be also all the collections in botany, materia medica, mineralogy, normal and pathological anatomy, human and comparative, by whomsoever given or purchased for the museums.

The teachers would have free and unrestricted use of the preparations at their lectures, but no preparation should be allowed to be removed from the precincts of the hospital without special leave; nor should any morbid specimen removed from patients in the house, or from the bodies in the dissecting-room, be appropriated and carried from the hospital as the property of the physician or surgeon by whom the case has been treated, but should be, as hospital property, immediately transferred to the museum, if of sufficient value to be added thereto.

The teachers of the elementary school and the physicians and surgeons of the hospital, to whom belongs the practical clinical or bed-side teaching, in addition to their employment as hospital attendants on the patients, are alike entitled to remuneration from the pupil fees for the services they render in the elementary or clinical school, or both, according as they are engaged. Presuming that the Governors have provided the school buildings, their upholding and the support and enlargement of the museum collections, the scholarships, and other prizes to the pupils, and the payment of servants, must all be furnished out of the pupil money. Hence it will be necessary that this should be divided into certain allotments, one-third for the sustentation and service of the museum and lecture buildings, and for provision of all that is requisite for the conduct of the school; one-third should be divided into equal portions for the physicians and surgeons of the hospital; and the remaining third among the teachers in the elementary school, in proportion to the number of lectures delivered on each subject; care, however, should be taken, for the pupils' convenience, that the number of lectures on each subject should be compressed in as small space as possible, consonant with its satisfactory exposition.

The distribution of the portion belonging to each party should be made within two months from the commencement of the session; and the third appropriated to the building and lecture service department should be at once paid into the hands of the hospital receiver, as the other two portions are to the medical and surgical officers, and to the elementary lecturers, in the proportions decided on at a meeting of these gentlemen, and which will be the plan on which all future payments will be made.

It will be necessary that the medical officers and the teachers have a secretary, to register the proceedings at their meetings, to receive the pupils' fees, and at the proper time to pay their several portions to those entitled to them, and to be their organ in the management and control of the school affairs generally. It is obvious that one of themselves is the most fitting person for such appointment, to which at their first meeting the medical and surgical officers will appoint him.

JOHN F. SOUTH.

APPENDIX, No. 7.

CORRESPONDENCE with the DUBLIN HOSPITAL GRANTS' COMMITTEE.

1.—Letter from the Secretary of the Dublin Hospitals' Commission to the Acting Secretary of the Dublin Hospital Grants' Committee.

Beechmount, Strabane, August 16th, 1855.

SIR,—I am directed by Lord Talbot de Malahide to inform the Dublin Hospital Grants' Committee, that the Commissioners for inquiring into the condition and regulations of Dublin Hospitals will meet early next month; and his Lordship requests that the Committee will be then prepared to give their evidence, in a condensed form, on the following points:—

1. Whether any other Dublin Hospitals, besides those at present assisted by Government grants, should be allowed to participate in them?

2. Whether it would be objectionable to suppress the Lock Hospital and distribute its patients among the other hospitals; and—

3. Whether any, or what, modification of the present arrangements for patients affected with fever, or other febrile contagious diseases, is advisable.

I will take care to inform you of the particular day on which the Commissioners will meet.

DENIS PHELAN, Secretary.

To J. Drew Aitkin, Esq., Acting Secretary to the Dublin Hospital Grants' Committee.

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2.—Resolution and Report of the Hospital Grants' Committee.

At a meeting of the Hospital Grants' Committee, held in the City Hall, Dublin, 28th August, 1855, Alderman Kinahan, J.P., in the chair.

Resolved,—That the Hospital Grants' Committee begs, in reply to query first, to inform the Commissioners that there are the following hospitals in Dublin, not receiving support from the State, viz., Sir P. Dun's, the City of Dublin Hospital, Mercer's Hospital, Jervis-street Hospital, St. Vincent's Hospital, St. Mark's Ophthalmic Hospital, the Coombe Lying-in Hospital, and the Anglesea Lying-in Hospital, Peter-street, all institutions deserving of support, both in regard to the clinical instructions, and the relief afforded to the poor, and that the Hospital Grants' Committee would gladly see any, or all, of them obtain support from the State, provided that the accommodation and efficiency of the hospitals hitherto so much dependent on State support, should not be diminished; and, moreover, that in reference to a suggestion of the Committee of the House of Commons, that there should be a consolidation of some of the Hospitals supported by the State, the Hospital Grants' Committee have given it their long and anxious consideration, and are of opinion that any consolidation of two or more of these hospitals would not be desirable or advantageous.

Resolved,—That the Hospital Grants' Committee feel confident they only express the unanimous opinion of their fellow-citizens, and of the medical profession, in stating that it would be objectionable to suppress the Lock Hospital, and distribute its female patients among the other hospitals in the city.

Resolved,—That a Committee consisting of the Chairman of the North and South Dublin Unions, respectively, and of the physicians of the Cork-street Fever Hospital, and of the Hardwicke and Meath Hospitals, be requested to take into consideration the third query, and to report to this Committee at their next meeting.

Report.

Your Sub-Committee, in compliance with the Third Resolution of the Hospital Grants' Committee, bearing date 28th ultimo, beg to present the following Report and observations

The Secretary of the Treasury Commission on the Dublin Hospitals desires information in his third query, under date 22nd August, "as to whether any, and what, modification of the present arrangements for patients affected with fever, and other febrile contagious diseases, is desirable," your Committee beg to report that the present accommodation for such patients is as follows, viz.:—On the north side of the city, the Hardwicke Hospital, containing at present 120 beds; before the reduction of the grants, 144 beds. On the south side of the city, the Cork-street Hospital, containing at present 120 beds; before the reduction of the grants, 240 beds. The Meath Hospital, thirty-six beds; and Sir Patrick Dun's Hospital, altogether supported by private endowment, about forty beds. The map annexed will show the relative positions of those several hospitals.

The city is naturally divided into two great divisions, the north and south, by the river; and this division is still further maintained by parishes and by poor-law boundaries—the north side of the city, with its rural districts, constituting the North Dublin Union; and the south side, in like manner, the South Dublin Union.

The north side of the city contains, in round numbers, a population of 109,000, and the south side a population of 148,000; and their respective proportions being taken as the *ratio* in which fever hospital accommodation should be provided for them, and estimating the beds provided for them, as they existed before the reduction took place, viz., at a total of 420 beds, the proportion of beds (not taking into account the fever beds in Sir P. Dun's Hospital) would be 178 beds for the north side, or North Union District of the city, and 242 for the south side of the city, or South Union.

There appears to have been felt a great want of fever hospital accommodation on the north side; for an additional fever hospital, capable of containing about sixty beds—the Whitworth Fever Hospital, Drumcondra—was erected by private contributions some years since, but has been closed for want of funds.

Were the question at present to be considered, the establishment altogether, *de novo*, of hospitals for the reception of patients affected with febrile and contagious diseases, it would appear to be a simple and just rule to provide hospital accommodation for the north and south side of the city, in the *ratio* of their respective populations, which would apportion, as already observed, 242 beds to the south side, and 178 to the north side.

The numbers, when restored as they existed previously to the reduction of the grants, will not, however, differ so very materially from the above proportions as to induce your Sub-Committee to recommend that any change in the original accommodation should be made; and your Sub-Committee are of opinion that the accommodation, as provided before the reductions took place, should be restored, viz., 144 beds for the north side, and 276 beds for the south side.

With regard to locality, the accompanying map will show the positions in which the respective hospitals referred to are situated. The localities appear to have been judiciously selected; the Hardwicke Hospital, the Cork-street Hospital, and the Meath Hospital, being respectively situate in the poorest and most densely inhabited parts of the city.

Your Sub-Committee, therefore, are of opinion, on the fullest consideration, that the accommodation for patients affected with febrile diseases, as it existed previously to the reduction of the hospital grants, appears to have been maturely considered and well arranged, and to have worked satisfactorily for a very long period of years, and that it would not be requisite or advisable to make any change in it.

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Your Sub-Committee would not deem it necessary to dwell on maintaining an arrangement which appears to be so obviously just, as the distribution of fever beds to the North and South Unions, in the *ratios* of their respective populations, but that the Committee of the House of Commons, in their Report, have recommended an inquiry as to how far it may be possible to consolidate some of the institutions in Dublin.

Your Sub-Committee, therefore, deem it not out of place to record their opinion as to the institutions now under consideration, viz., the Fever Hospitals, that any consolidation of those institutions on either north or south side of the city, would not be expedient or just.

The return furnished from the Hardwicke Hospital (A) for the last three years, showing the daily average number of patients, the greatest and lowest number of patients in hospital, in each month, the number of small-pox cases admitted in each year, and the number of admissions from the Police Force, is herewith inclosed; from which it will be seen that there was frequently not a vacant bed in the hospital, and that the monthly average number of patients in hospital frequently approached the total number of beds, although Dublin has been of late comparatively free from fevers, as usually occurs after the expiration of an epidemic.

Of the available accommodation of the hospital, four beds are, by a regulation of the institution, kept vacant for the reception of cases occurring in the Police Force, and among the servants and inmates of the Island-bridge and Brunswick-street Establishments.

The admissions from the Police Force were, fifty-seven in 1852; fifty-five in 1853; and seventy-three in 1854.

The rejections for want of room were, 603 in the year 1852; three in 1853; and seventy-nine in 1854.

In 1852, 100 cases of small-pox were received into the Hardwicke Hospital; in 1853, nine cases; and in 1854, 175 cases.

A return from the Cork-street Hospital (B), drawn up in like manner, is herewith appended.

Your Sub-Committee are of opinion that it is unsafe to the community of a large city not to have a considerable number of spare beds always available, to meet the fluctuations of fever, as cases of contagious disease, such as fever or small-pox, refused admission for want of accommodation, would multiply themselves rapidly among a poor and dense population.

If any consolidation were carried into effect, it is obvious that, on any increase of febrile or epidemic diseases, there would be an injustice inflicted on whichever side of the city would not happen to possess the accommodation within its district; for the population of that side of the city and of its suburbs on which the accommodation would be placed would always, from their proximity, obtain accommodation, to the prejudice of those at a distance; and the result might be that nearly the whole, or the whole, of the patients of one union, including its suburbs, might be supported by public grants, while the corresponding union on the opposite side of the city would have to meet the expenses out of the rates.

Patients would also be inconvenienced by the increased distance they would have in many instances to travel.

Your Sub-Committee, moreover, do not see that there would be such an amount of saving effected by consolidation as to compensate for all the inconveniences that would result from it; indeed, it is doubtful if any but the most trifling saving at all could be effected, as the cost of medicine, and maintenance of patients and nurse-tenders, would not be diminished.

Your Sub-Committee do not deem it their duty to go into any minute details, but they would, nevertheless, desire to draw attention to one point, the necessity of providing some fitting vehicle for the conveyance of the poorer classes of fever patients to hospital. Even if all the poor were able to pay car or cab hire, they cannot avail themselves of public vehicles, as there is a Police Regulation, very properly framed for the protection of the public, inflicting a penalty on any cab-driver for carrying a patient afflicted with any infectious disease.

Vehicles for the transmission of such patients were formerly provided, both at the Hardwicke and Cork-street Hospitals.

Your Sub-Committee would finally desire to dwell on the importance of the suggestion of the Committee of the House of Commons, that a settled annual sum should be allotted for the support of each hospital, which being fixed and known, would not be objected to, instead of the incongruity that now exists of a fixed sum being annually given to some hospitals, while there is a fluctuating estimate for some others; the injurious result of which is, that the whole grant for the support of the hospitals is thus rendered from year to year, which tends to raise cavillings or objections in the annual debates on the estimates.

[RETURN

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A.—Return showing the daily average of Patients accommodated in the Hardwicke Fever Hospitals each month in the years 1852, 1853, and 1854; also the greatest number in Hospital in each month, and the lowest number; the number of Beds available in each month, and the number of Small-pox cases admitted in each of the above years; together with the number of admissions from the Police Force for a like period.

	1852.				1853.				1854.			
	Daily average Number in each Month.	Greatest Number in Hospital.	Lowest Number in Hospital.	Number of Beds available.	Daily average Number in each Month.	Greatest Number in Hospital.	Lowest Number in Hospital.	Number of Beds available.	Daily average Number in each Month.	Greatest Number in Hospital.	Lowest Number in Hospital.	Number of Beds available.
January,	109 8/31	111	104	111	113 23/31	118	108	120	107 19/31	115	94	120
February,	100 11/29	112	106	111	105	114	99	120	106 3/28	113	98	120
March,	109 4/31	111	105	111	103 13/31	114	89	120	110 3/31	119	103	120
April,	101 3/4	108	08	103	96 8/15	108	88	120	113 3/15	121	106	120
May,	101 8/31	103	96	103	98 3/31	107	83	120	111 13/31	118	100	120
June,	09 7/15	103	94	103	87 1/3	99	72	120	115 7/15	120	108	120
July,	104 3/31	113	95	{103 / 120}*	73 8/31	82	63	120	109 19/31	120	100	120
August,	114 11/31	120	108	120	77 24/31	90	65	120	99 24/31	115	90	120
September,	116 14/15	120	112	120	79 8/15	100	60	120	104 8/15	113	92	120
October,	116 24/31	120	112	120	82 29/31	95	71	120	107 29/31	117	94	120
November,	112 5/6	110	108	120	93 19/30	110	77	120	110 5/6	118	100	120
December,	101 24/31	109	95	120	101	112	91	122	112 19/31	119	104	120

* On the 18th July, 1852, seventeen beds were restored by order of Government.

	Number of Small-pox Cases.	Number of Admissions from Police Force.	Total Number of Rejections.
1852,	100	57	603
1853,	9	55	3
1854,	175	73	79

B.—Return from the Managing Committee of the Fever Hospital, Cork-street, as required, by J. D. Aitkin, Esq., on behalf of Hospital Grants' Committee.

1st January, 1852, to 31st December, 1852.			1st January, 1853, to 31st December, 1853.			1st January, 1854, to 31st December, 1854.		
Month.	Daily Average No. of Patients on Dietary.	No. Beds available.	Month.	Daily Average No. of Patients on Dietary.	No. of Beds available.	Month.	Daily Average No. of Patients on Dietary.	No. of Beds available.
January,	122 8/15	495 Beds are capable of being made available at a short notice—upwards of 600 patients were accommodated in the year 1847. 122 Beds are now open for the reception of acute cases, but from the state of the funds of the Institution, more than about 40 cannot be maintained, unless on credit. The Hospital is considerably in debt.	January,	101 1/6	See reply in former year.	January,	77 1/2	See reply in former year.
February,	129		February,	98 2/7		February,	76 1/2	
March,	135 1/10		March,	96 2/3		March,	78 2/5	
April,	159 1/2		April,	61 1/3		April,	91 8/10	
May,	149		May,	92 1/3		May,	105 2/3	
June,	146 1/4		June,	88 7/10		June,	97 1/2	
July,	129 1/2		July,	78		July,	94 2/3	
August,	119 1/2		August,	61		August,	101 1/6	
September,	111		September,	62		September,	105 2/3	
October,	104 1/2		October,	70		October,	85 1/4	
November,	103 1/10		November,	74		November,	88 9/10	
December,	93 1/4		December,	79 1/15		December,	102	

By Order of the Managing Committee,

Charles Mathews, *Registrar.*

Fever Hospital, Cork-street.
September, 1855.

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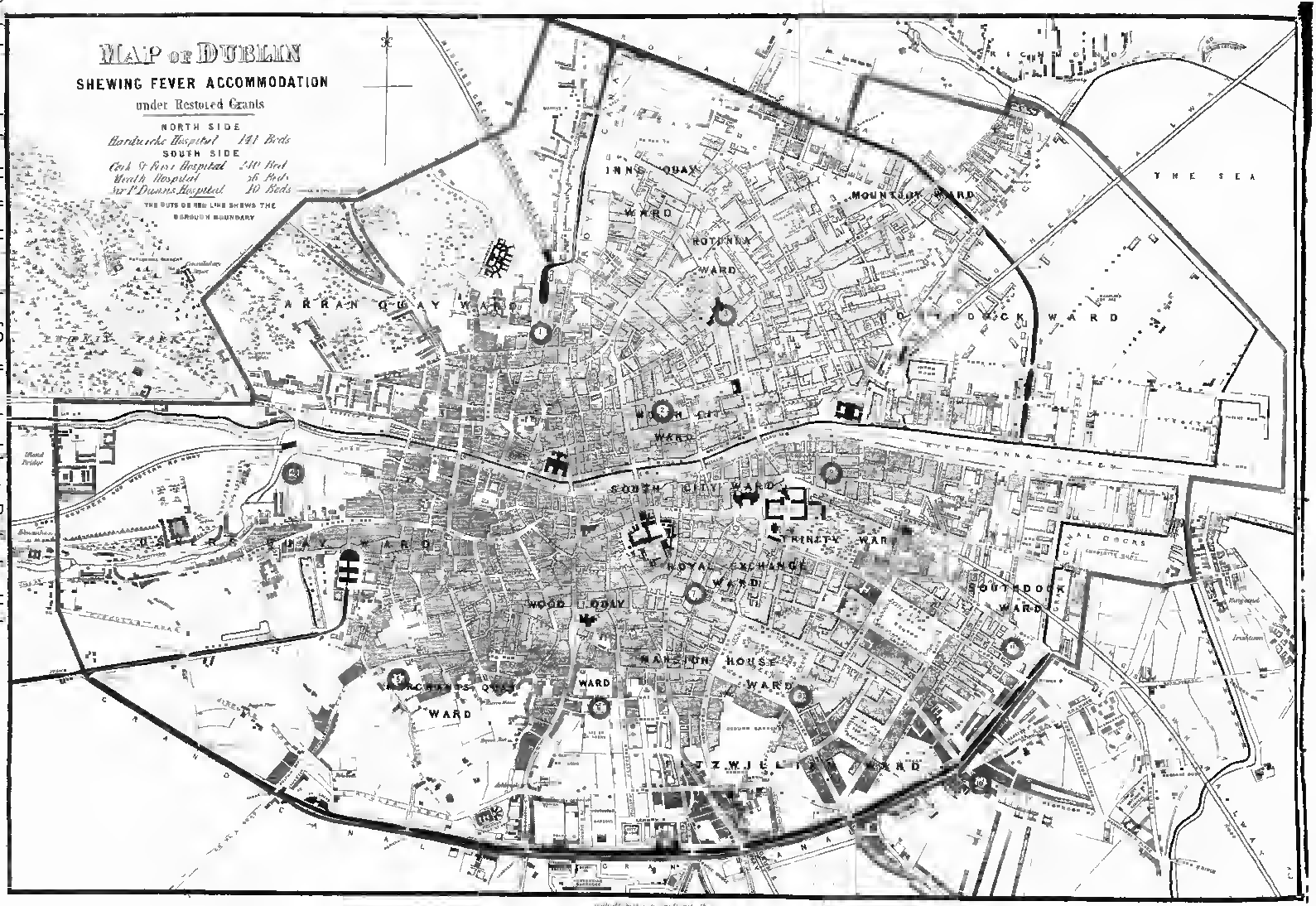
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